Quality Service Review

Protocol for Use by Certified Reviewers

A Reusable Guide for a Case-Based Review
of Locally Coordinated Children's Services

Pilot Test Version 1.0

Assembled for the
Child and Family Services Agency, District of Columbia
by Human Systems and Outcomes, Inc.

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A Quality Service Review for Children and Families

The Quality Service Review (QSR) is an action-oriented learning process that provides a way of knowing what is working/not working in practice and why for selected children and families receiving services. QSR is used to guide actions of practice development and local capacity building, leading to better results. This protocol is designed for use in a case-based QSR process developed by Human Systems and Outcomes, Inc. (HSO). It is used for conducting a guided professional appraisal of: (1) the current status of a focus child possibly having special needs (e.g., a child with a serious emotional disorder) in key life areas; (2) recent progress made by the focus child; (3) the status of the parent/caregiver; and (4) the adequacy of performance of key system of care practices and services for the focus child and family. The protocol examines short-term results for a focus child and his/her parents/caregivers and the contribution made by local service providers and the system of care in producing those results. Case review and other findings are used by local agency leaders and practice managers in stimulating and supporting efforts to improve services for children and youth who are beneficiaries of the local community's system of care that provides child welfare, mental health, and other services.

These working papers, collectively referred to as the *QSR Protocol*, are used to support a professional appraisal of child status and system of care performance for individual children and their parents/caregivers in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument. It is a practice appraisal organizer that acheives high levels of inter-rater reliability when used by well-trained, certified reviewers. Localized versions of quality service review protocols are prepared for and licensed to child-serving agencies for their use. The QSR is based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the *QSR Protocol* and other QSR working papers requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:

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Introduction to the Quality Service Review Protocol

Table of Contents

Listed below is the table of contents for this QSR protocol. In addition to these materials, reviewers are provided a set of additional working papers that are used for reference and job aids used for particular tasks (e.g., reviewer agreement checks) conducted during the review.

Introduction to The Quality Service Review Protocol

A Focus on Practice and Results

The QSR protocol uses an in-depth case review method and practice appraisal process to find out how children and their families are benefiting from services received and how well locally coordinated services are working for children and families. Each child/family served is a unique "test" of the service system. Samples of children are reviewed to determine child and parent/caregiver status, recent progress, and related system practice and performance results.

Questions Explored via QSR

Questions about how children and families are doing include:

- Is the child safe from manageable risks of harm caused by others or by him/herself? Is the child in a safe, stable home?
- Are the child's basic physical and health needs met?
- Is the child doing well in school? Making academic progress?
- Is the child doing well emotionally and behaviorally?
- Are the parents/caregivers able and willing to assist, support, and supervise the child reliably on a daily basis?
- Is the child making progress in key life areas and are parents/caregivers satisfied with services being received?

Positive answers to these questions show that children and families served and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen frontline practice, local services, and results.

Questions about how well the service system is working include:

- Do the child's parents/caregivers, clinicians, teachers, and service providers share a "big picture" understanding of the child and family situation and their strengths and needs so that sensible supports and services can be planned?
- Do these "practice partners" share a long-term view of how services will enable the child and family to function successfully in their daily settings (e.g., home and school)?
- Does the child and family have a sensible service plan that organizes all supports, services, and interventions to be provided and that spans all involved service providers?
- Are needed supports and services provided in a timely, competent, and culturally appropriate manner?
- Are services integrated across providers and settings to achieve positive results for the child while strengthening the functional capacities of the family?
- Are the child's caregivers getting the training and support necessary for them to be effective parents while keeping the home safe and stable for the children?
- Are the child and family's services being coordinated effectively across settings, providers, and agencies?
- Are the supports and services provided reducing any risks and improving safety and family functioning? Is a sustainable support network being built with and for the family?
- Are services and results monitored frequently with services modified to reflect changing needs and life circumstances? Are services effective in improving well-being and functioning while reducing risks of poor outcomes?

QSR provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

What's Learned through the QSR

The QSR involves case reviews, observations, and interviews with key stakeholders and focus groups. Results provide a rich array of learnings for next step action and improvement. These include:

- Detailed stories of practice and results and recurrent themes and patterns observed across children and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of child and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories.
- Emerging problems, issues, and challenges in current practice situations explained in local context.
- Monitoring reports revealing the degree to which important requirements are being met in daily frontline practice.
- Critical learning and input for next-step actions and for improving program design, practice, and working conditions.

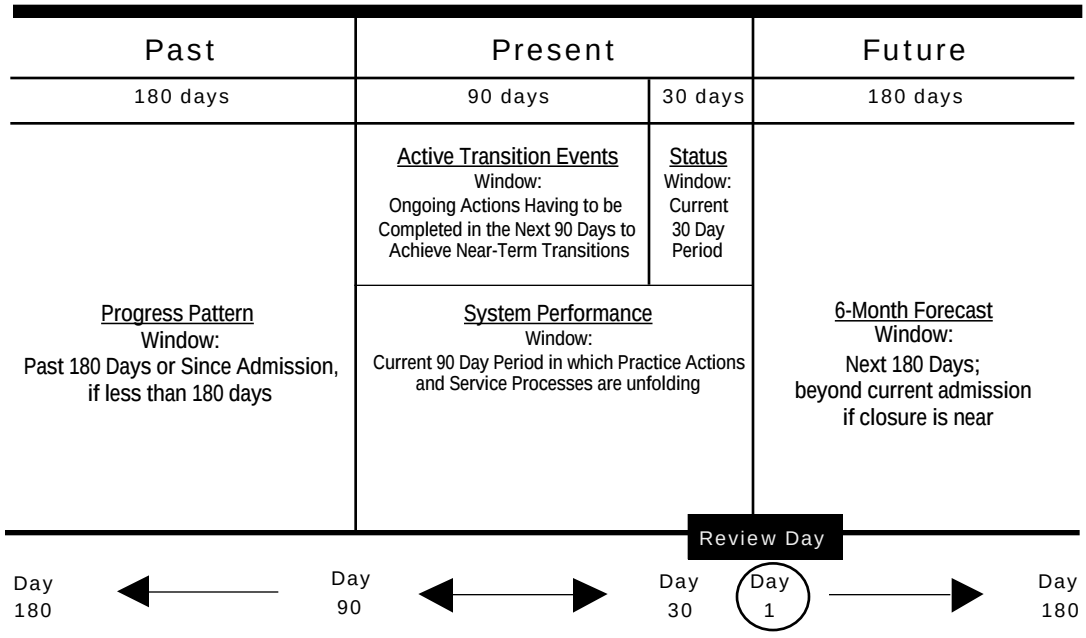
Introduction to the Quality Service Review Protocol

General Information

Persons using this protocol should have completed the classroom training program (12 hours). Candidate reviewers should be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with front-line staff, oral case presentation, and first case write-up should be coached by a qualified mentor. Trainees having successfully completed these steps will be granted review privileges on a review team under the supervision of the team leader and the case judge who approves written reports. Trainees may be certified after three successful reviews and successfully meeting the rating standards set by the expert review panel on the certification simulation. Any other users of this protocol should be certified reviewers. Users of this protocol should remember the following points:

- The case review made using this protocol is a *professional appraisal* of the: (1) status of a focus child and parent/caregiver on key indicators; (2) recent progress made on applicable change indicators; and (3) adequacy of performance of essential service functions for that child and parent/caregiver. Each focus child served is a unique and valid point-in-time "test" of frontline practice performance in a local system of care.
- Reviewers are expected to use *sound professional judgment, critical discernment of practice*, and *due professional care* in applying case review methods using this protocol and in developing child status, recent progress, and practice performance findings. Conclusions should be based on objective evaluation of pertinent evidence gathered during the review.
- Reviewers are to apply the following timeframes when making ratings for indicators: (1) child and parent/caregiver status ratings should reflect the dominant pattern found over the past 30 days; (2) progress pattern ratings on applicable items should reflect change occurring over the past 180 days (or since admission if less than 180 days); and (3) service system practice and performance item ratings should reflect the dominant pattern/flow over the past 90 days. [See display provided below.]
- Apply the *6-point rating scale* for status, progress and practice performance for each examination. Mark the appropriate ratings in the protocol, then transfer the ratings to the SCR Profile Sheet also referred to as the "roll-up sheet."
- IT IS IMPERATIVE THAT REVIEWERS "CALL IT AS THEY SEE IT" and reflect their *honest and informed appraisals* in their ratings and report summary. When a reviewer mentions a concern about a participant in the oral debriefing, that same problem should be reflected in the

Timeframes of Interest in Case Reviews



Introduction to the Quality Service Review Protocol

reviewer's ratings in the protocol examination booklet and noted in the written summary.

- Report any *risks of harm* or possible abuse/neglect to the review team leader immediately. The reviewer and team leader will identify appropriate authorities and report the situation.

- If, while reviewing the case record material and conducting the interviews, the reviewer determines the *need to interview an individual not on the review schedule*, the reviewer should request that the interview be arranged, if possible. It may be possible to arrange a telephone interview when a face-to-face interview cannot be made.

- *Before beginning your interviews*, read the participant's service plan(s); any psychological, psychiatric; court documents; and recorded progress notes for the past 90 days. Make notes for yourself of any questions you have from your record review, and obtain the answers during your interviews from the relevant person(s). You may have questions that need to be answered by the caseworker/care coordinator before you begin your interviews.

- Gather information for the *demographic section* of the protocol from the caseworker and records. Be sure to note medications; diagnoses; and any chronic health, mental health, or behavioral problems that require special care.

- Thoroughly complete the *examination section* of the protocol. Be sure each summative question rating matches the rating you enter on the SCR Profile Sheet.

- The *written case summary* in the protocol should be organized by section and submitted electronically. Please write in complete sentences. Do not use proper names. For example, use "the person" instead of "Mary", "the caseworker" instead of "Ms. Smith." If you rate any examination as inadequate (i.e., rating of 1-3), please explain this in the written summary. Use the case write-up section as the structure for presenting your cases during the oral debriefing.

- Remember to complete the *Assessment of the Person's Global Assessment of Functioning* (see page 18 in the working papers section). The reviewer's rating is based on the child's most impaired level of functioning in the last three months and the highest level in the last 30 days. Record the "present level across all settings" on the SCR Profile Sheet.

- The completed *Profile Sheet* and the *Agreement Check* for the case assigned to the reviewer MUST be given to the review team leader at the announced day and time so that the information can be used to "roll-up" results for the sample and site. Check the review schedule for the week to determine when these items are due to the team leader. If the reviewer is directed to fax the roll-up sheet(s) to HSO for processing, the fax number to be used is 850/422-8487.

- The *completed protocols* MUST be returned to the QSR Coordinator not later than the Friday of the week following the field-work activities. The report may be emailed or submitted on disk. Also, turn in the interview schedule for each case. Please indicate on the schedule if a planned interview was not done and the reason; for example, cancellation, no-show, could not find the location. Please turn in your write-up (on disk if possible) along with your protocol.

Organization of this Protocol Booklet

This protocol booklet is organized into the following sections:

- **Introduction**: This first section of the protocol provides a basic explanation of the review process and protocol design.

- **General Case Information**: The second section provides working papers for the reviewer to use in taking notes about the case drawn from record review and interview sources.

- **Child Status Indicators**: The third section provides the 11 child status indicators used in the review.

- **Child Progress Indicators**: The fourth section provides the seven child progress indicators used in the review.

- **Parent/Caregiver Status Indicators**: The fifth section provides the four parent/caregiver status indicators used in the review.

- **Practice Performance Indicators**: The sixth section provides the 19 practice indicators used in the review.

- **Overall Patterns**: The seventh section provides the working papers that the reviewer uses to determine the overall patterns for the child status, parent/caregiver status, child progress, and practice performance domains. This section includes the instructions for making the six-month forecast.

- **Reporting Outlines**: The eighth section provides the outlines that reviewers are to use in developing and presenting the ten-minute oral summary of case findings and the written summary report to be submitted following the review.

- **Case Review Profile or "Roll-Up Sheet:"** The ninth section provides a copy of the roll-up sheet to be completed and submitted by the reviewer for each case reviewed.

Section 2
General Case Information

Case Name: _____
Case Number: _____

General Information

Directions: The general information section is to be completed by the current caseworker prior to the beginning of the Quality Service Review (QSR). Please fully complete this section to the best of your ability. You may need the case file for some information. This general information section may be completed in a separate "advance packet" section and then supplied to the QSR reviewer.

Child's Name, Last name first	Date of Birth	Age	Child's Gender
	___/ ___/ ___		☐ Male ☐ Female

Child's Race/Ethnicity

☐ White/Caucasian ☐ Native Hawaiian or Pacific Islander ☐ Unable to determine
☐ Black or African-Am. ☐ Asian ☐ Unknown
☐ Am. Indian or Alaska Native

Ethnicity: Latino/Hispanic ☐ Yes ☐ No ☐ Unknown

Child's Home and Primary Caregiver

Child's Birth Home Address and Phone Number

Address:

Phone:

☐ Not Applicable, if parental rights are terminated and parent-child connections are not being maintained.

Child's Current Placement Address and Phone Number if different from Birth-Home

Address:

Phone:

Child's Birth Home Caregiver

Name: Relation to Child:

Child's Substitute Caregiver

Name: Relation to Child:

Child's Current Placement Situation

☐ Birth home
☐ Adoptive home
☐ Foster family home
☐ Kinship foster home
☐ Therapeutic foster home
☐ Group home
☐ Residential treatment ctr
☐ Kinship home
☐ Independent living
☐ Detention
☐ Hospital/MHI
☐ Juvenile facility
☐ Congregate care
☐ Other: _____

Placed with siblings ☐ All ☐ Some ☐ None ☐ NA

Referral Type: ☐ Child protection ☐ Other referral

Reason: _____

Household Composition of Substitute Caregiver
(Birth family home is listed on page 6.)

Name:	Relationship to child:
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____

Reason for Case Opening

Child:
☐ Unknown
☐ Adoption disruption
☐ Physical abuse
☐ Sexual abuse
☐ Domestic violence
☐ Mental health issues
☐ Truancy
☐ Other: _____

Family issues: (if applicable)
☐ Failure to protect
☐ Absent parent
☐ Substance abuse
☐ Domestic violence
☐ Neglect
☐ Delinquency
☐ Other: _____

Permanency Goal
Does child have a Concurrent Plan? ☐ Yes ☐ No

Check only one:
☐ No court involvement (family stabilization)
☐ Reunification
☐ Guardianship
☐ Adoption
☐ Alternate planned permanent living arrangement (APPLA)
☐ Legal custody
☐ Other: _____

Prior Out-of-Home Placement History (attach print-out)

Placement Type: List most recent first. (foster home, group home, shelter, RTC, YSA, relative placement, TFC placement)	**Reason**	**Admission Date**	**Exit Date**
1)			
2)			
3)			
4)			
5)			
6)			
7)			

CPS Child Abuse and Neglect History (attach print-out)

CPS Report Date (5 most recent) beginning with most recent	**Allegation**	**Disposition** indicated or not indicated	**Opened for Service** yes / no

Current Diagnosis and Medications

Current Diagnosis Emotional/Behavioral Disorders		**Other Diagnosis Requiring Services or Treatment**	
Diagnosis	Date Given	☐ Developmental disability (MR)	☐ Substance abuse
_____	___/___/___	☐ Asthma	☐ Seizures
		☐ Diabetes	☐ Vision impairment
_____	___/___/___	☐ Hearing impairment	☐ Chronic illness
_____	___/___/___	☐ Physical disability: _____	
_____	___/___/___	☐ Other: _____	

Psychotropic and Anti-Seizure Medication Currently Taken

Name of Medication	Dose	Reason	Monitoring/Supervising Physician

Child's School and Teacher

Child's Current School

School:	Grade level: _____
Address:	Reading level: _____
Phone:	Number of retentions: _____

Child's Current Classroom or Home Room Teacher

Teacher's name:

☐ Regular education ☐ Special education ☐ Other: _____

Child's Usual School, if different from current

School:

Address:

Phone:	Teacher's name:

Type of Current School Placement: check all that apply

☐ Early intervention services (under age 5 years)
☐ Regular education with no modification
☐ Section 504 special accommodations
☐ Special education services
☐ Current IEP in record ___ yes ___ no
☐ Apprenticeship/vocational rehabilitation
☐ Hospital/home tutoring
☐ Other: _____
☐ Alternative school - name: _____
☐ Residential treatment center campus school
☐ Youth is expelled from school
☐ Youth has graduated or completed program
☐ Youth has dropped out of school
☐ GED
☐ College/Technical school

Child's Anticipated Transitions, Changes and/or Adjustments Over the Next 180 days (6 months): check all that apply

☐ Next grade level - new school
☐ Return home
☐ Step-down
☐ Foster home placement change
☐ Adoption
☐ Child to adult services
☐ School to work in an employment situation
☐ Graduation to post secondary school
☐ Discharge from foster care/case closure
☐ Transition to independent living
☐ Discharge from independent living
☐ Discharge from juvenile justice supervision
☐ Discharge from extended physical illness/hospitalization
☐ Acute to residential treatment
☐ Entry into Job Corps
☐ Other: _____

General Birth Family Information

Applies to the birth family home

Adult(s) over 18 Name:	Relationship to Child	Age	Gender	Race
Adult 1 _____			☐ M ☐ F	
Adult 2 _____			☐ M ☐ F	
Adult 3 _____			☐ M ☐ F	
Adult 4 _____			☐ M ☐ F	

Children's Names:	Relation to child	Age	Gender	Race	Out-of-Home Placement	If yes, placed w/ Sibs	in-county
Child 1 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes
Child 2 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes
Child 3 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes
Child 4 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes
Child 5 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes
Child 6 _____			☐ M ☐ F		☐ Yes	☐ Yes	☐ Yes

Family's Living Status

☐ Owns Home ☐ Rents Home ☐ Apartment
☐ Shelter ☐ Homeless ☐ With Another Family
☐ Other: _____

Family's Socio-Economic Status

Does any family member receive:
☐ SSI/Social Security ☐ Other: _____
☐ TANF _____ months remain of eligibility
☐ Food Stamps
☐ Military Benefits
☐ Wages or salary from current employment
☐ Unemployment compensation
☐ Child Support

Transitions/Family Adjustments Issues

Transitions being Addressed by the Family: check all that have occurred in the past 90 days (3 months) or are anticipated in next 180 days (6 months)

☐ New job or work schedule ☐ New member or baby ☐ New residence ☐ School change/suspension
☐ Lay-off or job loss ☐ Family member reunification ☐ Loss of home ☐ Change of custody
☐ Loss of TANF benefits ☐ Loss of family member/death ☐ Serious illness or injury ☐ Divorce of birth parents
☐ Serious mental health crisis ☐ Incarceration of family member ☐ Victim of serious crime ☐ Victim of natural disaster
☐ Other: _____

Services and Supports for the Child and/or Family

	Type of Service – Provided now or any time in the past 90 days	Date Started	On-going	Needed/Not Received	Provider
1.	Family preservation/intensive in-home services		☐	☐	
2.	Parent training and support		☐	☐	
3.	Daycare/protective daycare/babysitting		☐	☐	
4.	Respite care services		☐	☐	
5.	Wrap-around mental health services		☐	☐	
6.	Early intervention services (0 - 5)		☐	☐	
7.	Diagnosis and assessment		☐	☐	
8.	Child safety monitoring		☐	☐	
9.	Therapeutic counseling: child/parent/family		☐	☐	
10.	Hospital/MHI		☐	☐	
11.	Sub-acute mental health treatment facility		☐	☐	
12.	Juvenile court services/detention/institution		☐	☐	
13.	Youth offender diversion program		☐	☐	
14.	Independent living		☐	☐	
15.	Foster family care		☐	☐	
16.	Group home/shelter care home		☐	☐	
17.	Kinship care/relative's home/alternate		☐	☐	
18.	Mentor/one-to-one services		☐	☐	
19.	Tutoring/homework help		☐	☐	
20.	Domestic violence services		☐	☐	
21.	Substance abuse services		☐	☐	
22.	Medical care		☐	☐	
23.	Emergency food/cash for food		☐	☐	
24.	Transportation		☐	☐	
25.	Utility payments		☐	☐	
26.	Housing		☐	☐	
27.	Special education instruction		☐	☐	
28.	Homebound services		☐	☐	
29.	Alternative education services		☐	☐	
30.	Transition services		☐	☐	
31.	Vocational training/placement		☐	☐	
32.	Academic counseling		☐	☐	
33.	Crisis stabilization services		☐	☐	
34.	Medication management services		☐	☐	
35.	Other:		☐	☐	
36.	Other:		☐	☐	
37.	Other:		☐	☐	

Co-Occurring Conditions

Identify the co-occurring conditions *(check all that apply)*:

Child	Parent		Child	Parent	
☐	☐	None	☐	☐	Mental Retardation Full Scale IQ _____
☐	☐	Autism Spectrum Disorder	☐	☐	Neurological Impairment/Seizure Disorder/TBI
☐	☐	Behavioral Disorder (of a serious nature or degree)	☐	☐	Orthopedic Impairment
☐	☐	Chronic health Impairment	☐	☐	Specific Learning Disability
☐	☐	Sensory Impairment: ☐ vision ☐ hearing	☐	☐	Substance Abuse/Addiction
☐	☐	Degenerative Disease	☐	☐	Trauma victim
☐	☐	Mental Illness	☐	☐	Other: _____

Legal Status of the Review Child

Court Hearing Information:	Date of last 2 Judicial Reviews	Date of last 2 Permanency Herrings	Next Court Date and Reason
	___/___/___ ___/___/___	___/___/___ ___/___/___	___/___/___ _____

Legal Status

- ☐ Case not court involved
- ☐ Shelter Care
- ☐ Conditional release
- ☐ Commitment
- ☐ Protective supervision
- ☐ Private Placement

Other Court Activity	**Date**
☐ Petition for adoption	___/___/___
☐ Consent or waived consent	___/___/___
☐ TPR filed	___/___/___
☐ TPR granted	___/___/___
☐ Voluntary relinquishment	___/___/___

Case/Service Plans

1. Date of most recent case/service plan: _____/ ____/ ____
2. Was there a case/service plan in place within 30 days of case opening?
   ☐ Yes ☐ No
3. Was the service plan created using a team meeting including the family? ☐ Yes ☐ No
4. Are administrative reviews being done within 180 days, or more often, if needed? ☐ Yes ☐ No ☐ NA
5. If indicated by circumstances, is a concurrent plan provided?
   ☐ Yes ☐ No ☐ NA
6. Is a safety plan in place? Current within 6 months.
   ☐ Yes ☐ No ☐ NA
7. Are the plan's strategic goals, related time frames, and current implementation status consistent with the provisions of ASFA?
   ☐ Yes ☐ No
8. What other agencies have special plans for this child/family?
   - ☐ Special accomodation(s)
   - ☐ MH provider
   - ☐ Juvenile court/program
   - ☐ Vocational rehabilitation
   - ☐ Substance abuse Tx plan
   - ☐ Other: _____
   - ☐ Education: IEP
   - ☐ Early Intervention IFSP
   - ☐ IL programs
   - ☐ Collaborative/community partners
   - ☐ Multidisciplinary team

Caseworker Information

1. How long have you been employed with the child welfare agency? _____
2. How long have you been in your current position? _____
3. How long have you been assigned to this case? _____
4. How many caseworkers have been assigned to this case before you (if any)? _____
5. How many open cases do you currently have? Foster care children: _____ CPS cases: _____ Investigation _____
6. In your perspective, are there any barriers or limitations that prevent you from providing good casework in this case? Explain the situation below:

Reviewer's Assessment of the Child's General Level of Functioning

*Rate the child's most impaired level of general functioning in the **LAST 3 MONTHS** and highest level in the **LAST 30 DAYS** by selecting the lowest level that describes his/her functioning on a hypothetical continuum of health-illness. Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular level of functioning. This scale applies to children age five years and older. Rely on interview results obtained from the parent/caregiver; teacher; service coordinator; service provider; and child, if age ten and older, in rating these two levels. The levels reported below represent the **REVIEWER'S ASSESSMENT**, based on interviews, records, and direct observation, when possible. The reviewer should report level of functioning reported at **HOME** , at **SCHOOL,** and **PRESENT LEVEL ACROSS SETTINGS**.*

Level	Levels of Functioning to be Used by the Reviewer in Determining the Child's General Level of Functioning
10	Superior functioning in all areas (at home, at school, with peers, in the community); involved in a wide range of activities and has many interests (e.g., has hobbies, participates in extracurricular activities, belongs to an organized group such as the Scouts); likable, confident; "everyday" worries never get out of hand; doing well in school; getting along with others; behaving appropriately; no symptoms.
9	Good functioning in all areas: secure in family, in school, and with peers; there may be transient difficulties but "everyday" worries never get out of hand (e.g., mild anxiety about an important exam; occasional "blow-ups" with siblings, parents/caregivers, or peers).
8	No more than slight impairment in functioning at home, at school, with peers, and in the community; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental/caregiver separation, death, birth of a sibling), but these are brief and interference with functioning is transient; such youth are only minimally disturbing to others and are not considered deviant by those who know them.
7	Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or committing petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the youth well would not consider him/her deviant but those who know him/her well might express concern.
6	Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the youth in other settings.
5	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
4	Major impairment in functioning in several areas and unable to function in one of these areas; i.e., disturbed at home, at school, with peers, or in society at large; e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either thought or mood disturbance, suicidal attempts with clear lethal intent; such youth are likely to require special schooling and/or hospitalization (but this alone is not a sufficient criterion for inclusion in this category).
3	Unable to function in almost all areas, e.g., stays at home, in a ward, or in a bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
2	Needs considerable supervision to prevent hurting self or others (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor).
1	Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.
0	Not available or not applicable due to age of the young child.

Most Impaired Level - Past 3 Months		**Highest Level - Past 30 Days**		**Present Level - Today**
At Home	At School	At Home	At School	Across All Settings
Level: _____	Level: _____	Level: _____	Level: _____	Overall Level: _____

Section 3

Child Status

Living & Well-being **Page**

Developing Life Skills

Note on Assessing Status on the Above Indicators

Child status, as measured in these indicators, focuses on the situation observed for the child over the past 30 days (one month). The focus is placed on the dominant pattern observed over this time period. In the unlikely event that the pattern has made a signifiant change within the 30-day period, the most recent status situation should be reflected in the rating. The 30-day rule-of-thumb should be applied except when the wording within an indicator rating instructs the reviewer to consider a different time period.

Child Status Review 1: Safety of the Child

SAFETY: • Is the child safe from injury caused by him/herself or others in his/her daily living, learning, and recreational environments? • Are others safe from the child? • Is the child free of abuse, neglect, and sexual exploitation in his/her place of residence?

Child safety is central to child well-being. The child should be free from known and manageable risks of harm in his/her daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears that may be induced by other children, care staff, treatment professionals, or other employees. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation, isolation, or deprivation is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others. Safety and good health provide the foundation for normal child development, especially for children with emotional or behavioral health problems.

Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Children in special care or treatment settings must be free from abuse, neglect, and sexual exploitation. Safety, as used here, refers to adequate management of known risks to the youth's physical safety and to the safety of others in the child's daily settings. **Safety is relative to known risks**, not an absolute protection from all possible risks to life or physical well-being. All adult parents/caregivers and professional interveners in the child's life bear a responsibility for maintaining safety for the child and for others who interact with the child. Protection of a child with self-injurious behaviors and protection of others from a child with assaultive behavior may require special safety precautions.

Determine from Informants, Plans, and School Records

Has the treatment team completed a risk assessment to determine safety risks due to:

- ☐ **1. Domestic violence?**
- ☐ **2. Physical abuse?**
- ☐ **3. Substance abuse?**
- ☐ **4. Sexual abuse?**
- ☐ **5. Emotional abuse?**
- ☐ **6. Mental illness?**
- ☐ **7. Self-endangerment by the child/youth?**
- ☐ **8. Neglect of any physically dependent person in the home?**

If current safety risks require immediate intervention, identify steps taken.

1. Has the child been a victim of abuse, neglect, or exploitation in the home or community?
2. Does the child come from a family that has a history of domestic violence and/or involvement with the criminal justice system?
3. Does the child have a history of emotional/behavioral problems that have resulted in injury to self or others?
4. Is the child now presenting self-injury or aggression toward others?
5. Has the child exhibited sexually offending behavior?
6. Does the child have a pattern of frequent injuries requiring medical treatment?
7. Does the child have a developmental or physical disability?
8. Does the child require a high level of adult supervision? Does he/she get it?
9. Are there indications of intimidation or unreasonable fear in the child's life?

Facts Used in Rating Status

Child Status Review 1: Safety of the Child

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
10. Has the child required special intervention due to behavior problems/rule violations?	
11. Does the child engage in high risk activities? Does the child have a history of physical conflict with others?	
12. Has there been an allegation of abuse, neglect, or exploitation in the past 12 months? Was a referral made to the police or DSS?	
13. Are parents/caregivers aware of risks to the child? Are known risks being managed effectively for the child?	
14. Is the child at risk? Are others at risk due to the child's behavior?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ Situation indicates **optimal safety** for all persons in all the child's daily settings. The child has a safe living situation with reliable and competent parents/caregivers, is safe at school, is free from intimidation, and presents no safety risks to self or others. **- OR -** The child is safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**6** ☐ Child ☐ Others
◆ Situation indicates **good safety** for the child in his/her daily settings and for others near the child. The child is generally safe at home/residence with adequate parents/caregivers, is usually safe at school, is free from intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is reasonably safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**5** ☐ Child ☐ Others
◆ Situation indicates **fair safety** from imminent risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child has a minimally safe living arrangement with the present parents/caregivers, is usually safe at school, has limited exposure to intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is minimally safe from known and manageable risks of harm and is minimally exposed to intimidation or fears at home or school.	**4** ☐ Child ☐ Others
◆ Situation indicates **an unacceptable safety issue present in one setting** that poses an elevated risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangement may require protective supervision or services. **- OR -** The child may mildly injure self or others infrequently. **- OR -** Persons at home or school may pose a safety problem for the child.	**3** ☐ Child ☐ Others
◆ Situation indicates **substantial and continuing safety problems** that pose elevated risks of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangements may require protective supervision or specialized services. **- OR -** The child may injure self or others occasionally. **- OR -** Persons at home or school may pose a serious safety problem for the child.	**2** ☐ Child ☐ Others
◆ Situation indicates **adverse and worsening safety problems** that pose high risks of physical harm for the child in his/her daily settings and for others. The child may require protective supervision or intensive services to prevent injury to self or others. **- OR -** The child may seriously injure self or others. **- OR -** Persons in the child's current daily settings may have abused, neglected, or exploited the child.	**1** ☐ Child ☐ Others

Child Status Review 2: Stability

STABILITY: • To what degree are the child's daily learning, living, and work arrangements stable and free from risk of disruption? • If not, to what degree are known risks being substantially reduced by services provided to achieve stability and reduce the probability of disruption?

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience." Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. The parent/caregiver or adult mentor (relative, neighbor, coach) who takes time with the child works through problems of childhood and adolescence with the child and models the values and life skills essential for normal development. Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child's living arrangement and social support network is a foundation for child development. [STABILITY = CONTINUITY • INSTABILITY = DISRUPTION = UNPLANNED MOVEMENT OF A CHILD]

A child removed from his/her family home should be living in a safe and appropriate placement. If, for reasons of child protection, psychiatric treatment, or juvenile justice services, this child/youth is in a temporary setting or unstable situation, then prompt and active measures should be taken to restore the child to a stable situation.

Determine from Informants, Plans, and Records

1. Is the child living in a permanent home?
2. Does the child have a history of instability of living arrangements?
3. Has the child had any out-of-home placements? If yes, how many?
4. How many out-of-home placements has this child had in the course of his/her lifetime? For what reasons?
5. Are probable causes for disruption of school, home, or work placement present?
6. Has the child had a change in educational and work placement in the past year resulting from a removal from his/her home for safety reasons?
7. Has the child had a change in educational and work placement in the past year resulting from behavioral problems or psychiatric symptoms?
8. Has the child required out-of-home treatment for psychiatric problems?
9. Has this child been taken into custody/arrested or spent time in youth detention or other juvenile correction facility? If yes, what was the length of stay?
10. Has this child ever run away from home, school, or placement?

Facts Used in Rating Status

NOTE:

1. *A school setting can be an early intervention program or a daycare program.*
2. *The structure of ratings for this indicator* ***departs from the 30-day rule*** *in two ways:*
   - *The time period of review is expanded beyond 30 days.*
   - *The probability of future disruptions is considered. This is the only status indicator that considered the future. All other status indicators considered only the present situation.*

Child Status Review 2: Stability

Determine from Informants, Plans, and Records	Facts Used in Rating Status
11. Does the child have a chronic health condition requiring frequent or extended hospitalization that could disrupt placement?	
12. What steps are being taken, if necessary, to prevent future disruptions and/or to achieve stable living, learning, and working situations and settings for this child?	
13. If continued instability is present, is it caused by unresolved permanency issues related to the child's birth family? If so, what is the permanency plan?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ The child has **optimal stability** in home and school settings and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers in those settings. There is no history of instability. Only age-appropriate changes are expected in school settings. No known risk factors are now present.	**6** ☐ Home ☐ School
◆ The child has **substantial stability** in home and school settings with no disruptive changes in either during the past two years. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Only age-appropriate changes are expected within the next two years.	**5** ☐ Home ☐ School
◆ The child has **minimally acceptable stability** in home and school settings with one disruption in settings within the past two years. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Only age-appropriate school changes may be expected in the next year. Future disruption (unplanned moves) appears unlikely (probability < 50%) within the next year.	**4** ☐ Home ☐ School
◆ The child has **inadequate stability** in home and/or school settings with two or more disruptions within the past two years. Disruptions may have resulted in changes of parents/primary caregivers, key adult supporters, and peers in those settings. Further disruptions may occur within the next year (probability > 50%). Causes of disruption are known, but services may not be working effectively to resolve the issues causing disruptions.	**3** ☐ Home ☐ School
◆ The child has **substantial and continuing problems of instability** in home and/or school settings with two or more changes in either or both settings within the past year. Multiple, dynamic factors are in play, creating a "fluid pattern of uncertain conditions" in the child's life leading to ongoing instability. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties.	**2** ☐ Home ☐ School
◆ The child has **serious problems and worsening problems of instability** in home and/or school settings with three or more changes in either or both settings within the past year. The child's situation seems to be "spiraling out of control." The child may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway. There is no foreseeable next placement with levels of supports and services expressed by service staff or providers.	**1** ☐ Home ☐ School
◆ **Not Applicable.** The child is not of school age and not enrolled in an early intervention program or daycare. **- OR -** The child is expelled.	**NA** ☐ School

Child Status Review 3: Permanency Prospects

PERMANENCY: • Is the child living with caregivers whom the child, parents/caregivers, and other stakeholders believe will endure until the child becomes independent? • To what degree have permanency issues been/are being resolved for this child to live with enduring relationships that provide a sense of family, belonging, and stability?

Every child is entitled to a safe, secure, appropriate, and permanent home. A home with a family is the permanency priority for all children. A child removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. Concurrent planning should begin immediately when the Ps/Cs' prognosis for reunification has been assessed and it is deemed unlikely that the child will remain at home or be reunified. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. For a youth age 14 or older, the permanency plan should reflect the youth's wishes as well as the youth's needs for support and connection with caring adults. If the youth declines adoption, he/she should have an appropriate understanding and make a fully informed decision. Permanency is achieved when the child is living in a home that the child, Ps/Cs, and other stakeholders believe will endure until the child becomes independent. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the Ps/Cs, and the achievement of stability in the child's home and school settings. ***This review applies only to dependent children in the care and custody of the state.***

Determine from Informants, Plans, and School Records

1. **Is the child living in a home that the child, Ps/Cs, and service coordinator believe will endure until the child becomes independent?**
   ☐ Yes [If YES, answer the following questions:] ☐ No
   Is the child satisfied with this home?
   Is the bio-parent satisfied with this home?
   Are Ps/Cs capable, supported, and satisfied?
   Are legal barriers to achieving permanency resolved (e.g., TPR)?

2. **Has the child been in care 15 of the last 22 months? Has a petition for TPR been filed?**

3. **Has an adequate assessment been made to determine:**
   Child and bio-parent relationship?
   Bio-parent functioning?
   Severity and history of abuse (if applicable)?
   Prognosis for reunification?

4. **Is concurrent planning being used?**

5. **Has the current permanency goal remained unmet for more than 12 months?**
   ☐ Yes ☐ No [If NO, answer the following questions:]
   Are there compelling reasons for deviation from ASFA guidelines?
   Are these reasons documented in the case file?

6. **If the child does not yet live in a permanent home and the permanency goal is reunification, are services on schedule?**
   Did the worker exercise due diligence (reasonable efforts) to reunify?
   Is the worker exercising due diligence to make progress toward an alternative permanent home for the child?

Facts Used in Rating Status

NOTE:

Have all permanency options been explored?
- ☐ *Remain at home*
- ☐ *Reunification*
- ☐ *Adoption*
- ☐ *Guardianship*
- ☐ *Planned alternative living arrangement*

Child Status Review 3: Permanency Prospects

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal Status.** Child is **achieving permanency.** The child lives in a home that the child, Ps/Cs, service team, and service coordinator are confident will endure until the child becomes independent. All adoption or other legal issues are settled or will be settled within the next 30 days. Examples: Child lives in foster/adoptive home and is legally free (parental rights have been terminated) and the foster parents have adopted or are in the process of adopting this child; child lives at home with his/her parents or legal guardians; child lives with relatives or other caregivers who have permanent custody and legal guardianship of the child. Permanency and safe case closure are imminent. — **6** ☐

- **Good Status**. Child has **a substantially resolved permanency situation.** The child lives in a home that the child, Ps/Cs, service team, and service coordinator believe will probably endure until the child becomes independent. Any adoption/legal issues are settled or about to be settled. Permanency and safe case closure are likely within three months. — **5** ☐

- **Fair Status.** Child has **a minimally resolved permanency situation.** The child lives in a home that the child, Ps/Cs, service team, and service coordinator believe could endure until the child becomes independent. Any legal issues are either resolved or in the process of timely resolution. **- OR -** There is a **clear, realistic, and achievable permanency plan** being implemented and the child, Ps/Cs, and service coordinator believe that it will ensure that the child will live in a safe, appropriate, permanent home on a timely basis. Permanency and safe case closure are possible within six months. — **4** ☐

- **Marginal Status.** Child has an **inadequate permanency situation.** The child is living in a home that the child, Ps/Cs, service team, and service coordinator believe could endure until the child becomes independent, if safety and stability can be achieved, or an adoptive home if adoption/guardianship issues can be settled, or an independent living home, if the child finds it satisfactory. **- OR -** The child is living on a temporary basis with a substitute caregiver, but likelihood of reunification or finding another permanent home remains uncertain. — **3** ☐

- **Poor Status.** Child has **substantial and continuing unresolved permanency issues.** The child is living in a home that the child, Ps/Cs, and service coordinator doubt could endure until the child becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. **- OR -** The child remains living on a temporary basis (more than six months) with a substitute caregiver without a clear, realistic, or achievable permanency plan being implemented. — **2** ☐

- **Adverse Status.** Child has **serious problems and worsening unresolved permanency issues.** The child is moving from home to home due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. **- OR -** The child remains living on a temporary basis (more than 12 months) with a substitute caregiver without a clear, realistic, or achievable permanency plan being implemented. — **1** ☐

- **Not Applicable.** The child is not dependent or is not in the care and custody of the state with unresolved permanency issues. — **NA** ☐

Child Status Review 4: Home Placement

HOME PLACEMENT: Is the child in the most appropriate home placement, consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

The natural or "home community" for a child usually is the one into which the child was born. Home community involves one's birth family, culture, village or neighborhood, closest school, and peer group. A child's home community is the context for his/her family support network and school support network. The home community is the source of one's identity, culture, sense of belonging, and connections with those things that give meaning and purpose to life. **A child's home community is the least restrictive, most appropriate, inclusive setting in any routine location in which the child may live, learn, work, and play.** A child should be supported and maintained in his/her home community. If a child's life is temporarily disrupted due to resolvable safety problems in the family home or by needs that require specialized treatment for a specific and limited time in another location, the child should be restored with necessary supports as quickly as possible to his/her natural community. If a child's home and family situation does not permit the child to return home after removal for safety reasons, then that child should be provided a safe, appropriate, and permanent home as quickly as possible so that natural social supports can be developed for that child in a new home, neighborhood, school, and community. Within the school context, a child with special needs should be educated to the greatest extent possible in an inclusive setting.

Determine from Informants, Plans, and School Records

1. Is the child in the <u>least restrictive and most appropriate living arrangement</u> consistent with the child's needs, age, ability, culture, religion, and peer group? If the child is in out-of-home care, is the placement in compliance with the guidelines according to the Multi-Ethnic Placement Act (MEPA)?

   In determining appropriateness of placement, consider whether:
   - The child lives with the birth family.
   - The child is placed with his/her siblings, if appropriate.
   - The child is in a kinship care arrangement with relatives, if appropriate.
   - The child is an alternative living arrangement near the bio home.
   - The child is in the least restrictive setting for their needs.
   - The placement provides the appropriate level of supervision and support.
   - The placement is appropriate for the child's developmental stage.
   - The child is placed with children of the same age/peer group.
   - The placement is appropriate for the child's special needs.
   - The child is placed with people of the same culture and language.
   - The child has opportunities for socialization with community peers.
   - The substitute caregivers participate and cooperate in discharge plans.
   - The relationship between bio/foster/adoptive family is collaborative.

2. Does the counselor/caseworker/therapist/parent/caregiver recognize whether current placements are appropriate?

Facts Used in Rating Status

A federal law enacted in 1994 and implemented through state policy, the Multi-Ethnic Placement Act of 1994 , as amended, P.L. 103-382 [42 USC 622], prohibits the delay or denial of any adoption or placement in foster care due to the race, color, or national origin of the child or of the foster or adoptive parents and requires states to provide for diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom homes are needed. The 1996 amendment, Section 1808 of P.L. 104-188, Removal of Barriers to Interethnic Adoption, affirms the prohibition against delaying or denying the placement of a child for adoption or foster care on the basis of race, color or national origin of the foster or adoptive parents or of the child involved [42 USC 1996b]. MEPA does <u>not</u> apply to Native American children as these children's situations are addressed under the Indian Child Welfare Act (ICWA).

Child Status Review 4: Home Placement

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ The child is living in the **least restrictive, most appropriate home or setting** necessary to meet all of the child's basic and special needs. The **placement is optimal** for the child's age, ability, peer group, culture, language, and religious practice. The placement is an excellent and fully appropriate match for the child.	**6** ☐
◆ The child is living in the **least restrictive, most appropriate home or setting** necessary to meet all of the **child's substantial needs**. The placement is **substantially consistent** with the child's age, ability, peer group, culture, language, and religious practice. The placement is a good match for the child.	**5** ☐
◆ The child is living in the **least restrictive, most appropriate home or setting** necessary to meet the most important needs of the child. The placement is **minimally consistent** with the child's age, ability, peer group, culture, language, and religious practice. The placement is a fair match for the child.	**4** ☐
◆ The child is **not living in the least restrictive, most appropriate home or setting** necessary to meet his/her needs. The placement is partially inconsistent with the child's age, ability, peer group, culture, language, and/or religious practice. Either the **level of care is slightly lower than necessary** to meet needs or the **degree of restriction is slightly higher than necessary** for this child. The placement is a somewhat inconsistent match.	**3** ☐
◆ The child is living in a **substantially inadequate home or setting** for his/her needs, age, ability, peer group, culture, language, and/or religious practice. He/she is living in **a substantially more restrictive placement or less supportive placement** than is necessary to meet his/her needs. The placement is a poor match.	**2** ☐
◆ The child is living in an **inappropriate home or setting** for his/her needs, age, ability, peer group, culture, language, and/or religious practice. The child is living in a **much more restrictive than necessary placement or in a level of care that is insufficient to meet critical needs.** The placement is not only adverse but is contributing to a worsening situation for the child.	**1** ☐

Child Status Review 5: Family Connections

FAMILY CONNECTIONS: When children and family members are living temporarily away from one another, to what degree are family connections maintained through appropriate visits and other means, unless compelling reasons exist for keeping them apart?

When children are living away from their parents and/or their siblings for reasons of family member safety, specialized treatment, or detention, family members should have frequent and appropriate opportunities to visit in order to maintain family ties. When not clinically contraindicated by case circumstances, therapeutically appropriate visits should be provided for family members. Such visits should be conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. Carefully increased or graduated visits, from short, supervised visits in safe locations to overnight or weekend visits in homes may be used to maintain family connections. When parental rights have been terminated and siblings are living apart, visits and other techniques should be used to enable siblings to continue their family ties. This review applies to those families now living apart and to adolescents living apart from their siblings. This review does not apply to a family whose members are living together at home.

Determine from Informants, Plans, and Records

1. Is required legal documentation included? Has any family member been excluded? If so, who and was the suspension court approved?

2. Why are family members living apart now? Are there any compelling therapeutic or legal reasons that family members should not visit with one another? If so, what are those reasons?

3. Are family visits occurring now? If so:

   - ☐ How frequently are visits occurring?
   - ☐ Are visits therapeutically appropriate?
   - ☐ Who coordinated and arranged the visits?
   - ☐ Are visits supervised? If so, by whom?
   - ☐ Are visitation settings conducive to "quality time" in relationship building?
   - ☐ Are missed visits rescheduled in a timely manner?
   - ☐ Are visits increasing in frequency and duration?
   - ☐ Is the level of supervision decreasing over time, if appropriate?

4. Are other forms of family contact or connecting strategies being used (e.g., phone calls, letters, family photos)? Is there an effort to integrate parents into the youth's life (e.g., doctor's appointments, teacher conferences at school)?

5. Are visits being conducted at times that are convenient for the appropriate family members to get together without hardship for some members?

6. What supports are being provided to parents, foster care parents (e.g., transportation), and case planners (e.g., overtime or flextime for supervised visits) to facilitate and assist visits?

7. Are family visits being used to assess the readiness of the family for reunification? If so, what are the results and how are the visits being assessed?

8. What do family members say about visitation and contact?

Facts Used in Rating Performance

Child Status Review 5: Family Connections

Description and Rating of the Service System Performance

Description of the Practice Performance Situation Observed for Family Members — Rating Level

- **Optimal Maintenance of Family Connections.** Fully effective family connections are being **excellently maintained for all family members** through appropriate visits and other connecting strategies. All appropriate family members have regular and, where appropriate, increasing visits. Agency staff provide excellent support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Where necessary, excellent graduated or transitional visit strategies are being used with family members to advance service plan goals. — **6** ☐

- **Substantial Maintenance of Family Connections.** Generally effective family connections are being **substantially well maintained for all family members** through appropriate visits and other connecting strategies. All appropriate family members have regular visits. Agency staff provide good support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Where necessary, graduated or transitional visit strategies are being used with family members to advance service plan goals. — **5** ☐

- **Minimal Maintenance of Family Connections.** Fairly effective family connections are being **at least minimally maintained for all family members** through appropriate visits and other connecting strategies. All appropriate family members have periodic visits (biweekly). Agency staff provide fair support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Where necessary, graduated or transitional visit strategies are being considered or minimally used with family members to advance service plan goals. — **4** ☐

- **Marginal Maintenance of Family Connections.** Family connections are being **at least marginally maintained for most family members** through visits and other connecting strategies. Some appropriate family members have periodic visits (may be scheduled, but occurring less than biweekly). Agency staff provide limited support in arranging mutually convenient visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Graduated or transitional visit strategies may not be used with family members to advance service plan goals. — **3** ☐

- **Inconsistent Maintenance of Family Connections.** Family connections are being **inconsistently maintained for most family members** through visits and other connecting strategies. Some appropriate family members have occasional visits. Agency staff provide scattered support in arranging visit schedules, transportation, family-friendly visit settings, and, where necessary, supervision. Some visits could be questionable or unclear with respect to appropriateness. Agency staff may be in the process of reassessing appropriateness of visits and/or visiting arrangements. — **2** ☐

- **Fragmented, Declining in Quality or Frequency, or Inappropriate Family Connections.** Family connections are either **fragmented, declining in frequency or quality, or inappropriate** for family members. Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. Some visits may be therapeutically inappropriate or unsafe for one or more family members. — **1** ☐

- **Case Circumstances Prevent Maintenance of Family Connections. EITHER** family members are living together at home **- OR -** presenting circumstances in this case prevent visits and maintenance of family connections. Therefore, this review item is **deemed not applicable** in this case. — **NA** ☐

Child Status Review 6: Health/Physical Well-being

HEALTH/PHYSICAL WELL-BEING: • Is the child in good health? • To whate degree are the child's basic physical needs being met? • To what degree are the child's health care/ maintenance needs being met?

Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that **basic physical needs** for proper nutrition, clothing, shelter, and hygiene are met on a daily basis. Proper **medical and dental care** (preventive, acute, chronic) are necessary for maintaining good health. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. Physical well-being encompasses both the child's physical health status and access to timely health services.

Children who have chronic health conditions requiring special care or treatment should have a level of attention commensurate with that required to maintain and improve health status. Special care requirements may include nursing, physical therapy, adaptive equipment, therapeutic devices, and treatments (e.g., medications, suctioning). Delivery of these services may be necessary in the child's daily settings, including the school and home.

The **central concern** here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. Parents/adult caregivers and professional interveners in the youth's life bear a responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
1. Are the child's needs for food, shelter, clothing, and health care met?	
2. Is the child a victim of neglect?	
3. Is the child's parent/caregiver physically or mentally limited in capacity? If yes, describe.	
4. Does the child have a developmental or physical disability?	
5. Does the child appear to have adequate nutrition and physical care? Does the child require a special diet?	
6. Is the child underweight or overweight?	
7. Does the child have frequent colds, infections, or injuries?	
8. Does the child have a history of major recurrent health problems, e.g., infections, STDs?	
9. Does the child have regular medical and dental check-ups and screenings? • Date of last medical visit? _____ • Date of last dental visit? _____ • Are all of the child's immunizations up to date? • Does the child have health insurance? ☐ Private ☐ Medicaid	
10. Does the child have access to acute care when needed?	
11. Does the child have access to care and treatment of chronic conditions, if needed? Has the parent/caregiver demonstrated the ability to care for this child?	
12. If the child requires special care or treatment for a health condition, are the	

Child Status Review 6: Health/Physical Well-being

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
13. Has the parent/caregiver demonstrated the ability to effectively provide for the child's health and well-being? 14. If the child takes medications for chronic health problems, seizures, or behavior control: Does the child self-medicate? Are medications monitored for safety and effectiveness at least quarterly by the prescribing physician? 15. Does the child reside in a treatment facility or special care home? 16. Does the child have a health condition requiring monitoring? 17. Does the child/youth use tobacco products?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child enjoys **optimal health status.** All of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis. Routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are received on a timely basis. Any acute or chronic health care needs are met on a timely and adequate basis, including necessary follow-ups and required treatments. The child's height and weight are within normal ranges. The child has no recurrent colds, infections, or injuries. — **6** ☐

- The child is in **substantially good health.** The child's physical needs are generally met on a daily basis. The child's status is good. Routine health and dental care are generally received but not always on schedule. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed occasionally. Height and weight are within normal ranges. The child may have occasional colds, infections, or non-suspicious minor injuries that respond quickly to treatment. — **5** ☐

- The child has **minimally acceptable health status.** The child's physical needs are minimally met on a daily basis. The child's health status is good. Routine health and dental care are minimally received but not always on schedule. Some immunizations may not have occurred. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed but are not life threatening. Height and weight are within normal ranges. The child may have frequent colds, infections, or non-suspicious minor injuries that respond adequately to treatment. — **4** ☐

- The child has **physical or health care needs that are not adequately met.** The child's physical needs for food, shelter, hygiene, or clothing may not be consistently met. The child's nutritional or physical status is problematic. Routine health and dental care may not be adequately received. Immunizations may not have occurred. Acute or chronic health care may be inadequate and/or follow-ups or required treatments may be missed or delayed but are not immediately life threatening. The child may be underweight or overweight. The child may have frequent colds, infections, or suspicious minor injuries. — **3** ☐

- The child has **substantial and continuing physical or health care needs that are unmet.** The child's physical or health care needs are chronically or consistently unmet, resulting in ongoing hygiene, nutrition, or health problems that cause the child to suffer from poor health status that is affecting the child's development and/or ability to perform in school. Further neglect could lead to physical deterioration or disability. — **2** ☐

- The child has **serious and worsening physical or health care problems.** The child's physical or health care needs are unmet, resulting in ongoing and worsening health problems. These problems are causing the child to suffer from poor and declining health status that is adversely affecting the child's development and/or ability to perform in school. Further neglect could lead to serious physical deterioration, disability, or death. — **1** ☐

Child Status Review 7: Emotional/Behavioral Well-being

EMOTIONAL/BEHAVIORAL WELL-BEING: • To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in and benefit from his/her education? • What is the child's current level of functioning in his/her daily settings and activities?

Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do well in school and in life, a child should:

- Present an affect pattern appropriate to time, place, person, and situation.
- Have a sense of belonging and affiliation with others rather than being isolated or alienated.
- Socialize with others in various group situations as appropriate to age and ability.
- Be capable of participating in major life activities and decisions that affect him/her, including educational activities.
- Be free of or reducing major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or wraparound supports. Timely and adequate provisions of supports and services should enable the child to benefit from his/her education.

Determine from Informants, Plans, and School Records

1. Is the child presently presenting emotional or behavioral problems at school, at home, or in the community?
2. Does the child receive mental health services at school or elsewhere? If so, are symptoms being reduced and is the child's level of functioning improving?
3. Does the child have a serious behavior disorder? If so, are maladaptive or high risk behaviors being reduced and replaced with functional behaviors?
4. Does the child present an affect pattern appropriate to time, place, person, and situation? If not, how are mood and/or anxiety problems being addressed?
5. Is the child receiving adequate instruction, guidance, support, and supervision at school, consistent with his/her needs for success in school?
6. Is the child making progress toward normal functioning and full inclusion?
7. Is this child participating and benefiting from his/her educational opportunities?
8. If this child receives special education services, is he/she making adequate academic progress that will lead to school completion and employment?
9. Does the child receive needed social and emotional supports at school? If yes, by whom and explain?
10. Does the child have a key adult supporter at school? If so, is the relationship positive and enduring across school years? If no, is there someone who can fulfill this role?
11. Does this child enjoy school and feel connected with others at school?

Facts Used in Rating Status

NOTE:

A school setting can be an early intervention program or daycare.

Child Status Review 7: Emotional/Behavioral Well-being

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
12. Does the child engage in extracurricular activities through school or in the community?	
13. Are known emotional/behavioral risks being managed effectively for the child at school, at home, and in the community?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child shows an **optimal level of emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning very well (i.e., Level 10 in general functioning today across settings, see page 18). The child may enjoy many positive and enduring supports from teachers, key adult supporters, and friends.

  6
  ☐ Home
  ☐ School

- The child shows **substantially good emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning well (i.e., Levels 8-9 in general functioning today across settings, see page 18). The child may enjoy several positive and enduring supports from teachers, key adult supporters, and friends.

  5
  ☐ Home
  ☐ School

- The child shows **fair emotional/behavioral functioning.** The child has some emotional and behavioral issues (i.e., Levels 6-7 in general functioning today across settings, see page 18). The child may enjoy some positive and enduring supports from teachers, key adult supporters, and friends. The child may have occasional minor problems.

  4
  ☐ Home
  ☐ School

- The child shows **marginal emotional/behavioral functioning.** The child has some emotional and behavioral issues affecting daily activities (i.e., Level 5 in general functioning today across settings, see page 18). The child may enjoy few, if any, positive and enduring supports from teachers, key adult supporters, and friends.

  3
  ☐ Home
  ☐ School

- The child has **substantial and continuing problems of emotional/behavioral functioning.** The child has serious emotional and/or behavioral problems that impair functioning in daily settings (i.e., Levels 3-4 in general functioning today across settings, see page 18).The child may be socially isolated due to withdrawal or behavior that limits social interactions.

  2
  ☐ Home
  ☐ School

- The child has **adverse and worsening problems of emotional/behavioral functioning.** The child has serious and persistent emotional and/or behavioral problems that limit functioning and may cause restriction in school or community settings (i.e., Levels 1-2 in general functioning today across settings, see page 18). The child's risk to self or others is high.

  1
  ☐ Home
  ☐ School

- **Not Applicable.** The child is not of school age and not enrolled in an early intervention program or daycare. **- OR -** The child is expelled.

  NA
  ☐ School

Child Status Review 8: Academic Status

ACADEMIC STATUS: Is the child [according to age and ability]: (A) in an appropriate educational placement; (B) regularly attending school; (C) actively engaged in instructional activities; (D) performing at grade level or service plan level in order to meet expectations for graduation and transition to employment?

The child is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the child to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This means that the child should be:

- Enrolled in an educational or vocational program that is the least restrictive, most appropriate placement, consistent with age and ability.
- Attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for promotion; course completion; and, ultimately, graduation.
- Actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies.
- Performing and reading at grade level, except when the child's instructional expectations and placement are altered via a service plan to an alternative curriculum. When a plan is directing the child's education via placement in an alternative curriculum, specialized instruction, and related services, the child should be performing at the level anticipated in the plan.
- Meeting requirements for grade-level promotion, course completion, and graduation; and, where indicated in a service plan, fulfilling transition processes and requirements for making a smooth transition to work, post-secondary education, independent living, and/or adult services.

Each of these five aspects of academic status is rated separately in this review. Use the criteria provided below to determine a rating for each aspect and record each applicable rating on the roll-up sheet. **If the youth has graduated, all four of the Academic Status ratings will be not applicable. If this is the case, place a NA in the ratings boxes and on the roll-up sheet.**

Determine from Informants, Plans, and School Records

8A. Educational Placement. Is the child in the most appropriate educational placement consistent with the child's needs, age, ability, culture, and peer group? Determine whether the following conditions are adequately met:

☐ 6. The child is in the **least restrictive academic setting** for his/her needs.
☐ 5. The placement provides the appropriate level of supervision and support.
☐ 4. The placement is appropriate for the child's developmental stage.
☐ 3. The child is placed with children of the same age/peer group.
☐ 2. The placement is appropriate for the child's special needs.
☐ 1. The child is integrated into the life of the school via participation in extracurricular activities, with social supports provided as necessary.
☐ NA Youth has graduated.

Status Rating Instructions

Educational Placement Rating. Based on a review of plans, records, and informants' statements, determine the number of the six bulleted conditions that are adequately met by the child's current educational placement. Award one rating point for each of the six conditions met. Sum the number points to arrive at a rating of 1-6 for this child. If this child has dropped out or been expelled, assign a rating of 1. If no conditions are met, assign a rating of 1.

8A Rating Assigned: ☐

Child Status Review 8: Academic Status

Determine from Informants, Plans, and School Records

8B. School Attendance. Is the child attending school regularly and at a frequency necessary to benefit from instruction and to meet requirements for promotion; course completion; and, ultimately, graduation? Determine which of the following statements best applies to this child's attendance pattern:

- ☐ 6. Attended 19-20 of past 20 school days; no unexcused absences.
- ☐ 5. Attended 17-18 of past 20 school days; no unexcused absences.
- ☐ 4. Attended 15-16 of past 20 school days; few tardies/no unexcused absences.
- ☐ 3. Attended 13-14 of past 20 school days; tardies and/or 1-2 unexcused absences.
- ☐ 2. Attended ≤12 of past 20 school days; tardies, truancies, or suspensions.
- ☐ 1. Not attending. May be dropped out, expelled, or confined in detention or hospital without appropriate instruction provided.
- ☐ NA Youth has graduated.

Status Rating Instructions

School Attendance Rating. Based on a review of attendance records and informants' responses, determine the attendance statement that best describes this child's pattern of reported school attendance over the past 20 school days. Remember to count school days, not calendar days when making this determination. Record the number assigned to the left of the statement as the rating value for school attendance. Be sure to explain any rating of 1-3 in the oral and written report.

8B Rating Assigned: ☐

8C. Instructional Engagement. Is the child actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies? Determine whether the following conditions are adequately met:

- ☐ 6. The child is adequately focused and engaged in the instructional content.
- ☐ 5. The child usually follows instructions and completes class assignments.
- ☐ 4. The child attends class frequently enough to maintain instructional pace.
- ☐ 3. The child participates regularly in group assignments and activities.
- ☐ 2. The child initiates and responds to questions; asks for needed assistance.
- ☐ 1. The child actively seeks learning enrichment/advancement opportunities.

- ☐ NA Youth has graduated.

Instructional Engagement Rating. Based on a review of plans, records, and informant statements, determine the number of the six bulleted conditions that are adequately met by the child's current instructional engagement. Award one rating point for each of the six conditions met. Sum the number points to arrive at a rating of 1-6 for this child. If this child has dropped out or been expelled, assign a rating of 1. If no conditions are met, assign a rating of 1.

8C Rating Assigned: ☐

8D. Present Performance. Is the child performing instructional tasks and reading at grade level, except when the child's instructional expectations are altered via a planned alternative curriculum? Determine which of the following statements applies to this child's attendance pattern:

- ☐ 6. **Optimal performance**; far exceeds grade level/plan expectations in all areas.
- ☐ 5. **Good performance**; meets/somewhat exceeds grade level/plan expectations.
- ☐ 4. **Fair performance**; is close to grade level/plan expectations in most key areas.
- ☐ 3. **Marginal performance**; is somewhat under grade level/plan expectations in most key areas.
- ☐ 2. **Poor performance**; is substantially under grade level/plan expectations in most key areas.
- ☐ 1. **Not performing**; may be dropped out, expelled, or confined in detention or hospital without appropriate instruction provided.
- ☐ NA Youth has graduated.

Present Performance Rating. Based on a review of instructional expectations, child's performance and informants' responses, determine the statement that best describes this child's present pattern of instructional performance. Record the number assigned to the left of the statement as the rating value for school attendance. Be sure to explain any rating of 1-3 in the oral and written report.

8D Rating Assigned: ☐

Child Status Review 9-A: Responsible Behavior (age 10 and older)

RESPONSIBLE BEHAVIOR: To what degree is this child or youth making responsible choices that are self-protective and respectful to others, consistent with age and ability?

Children and youth should learn to make developmentally appropriate life choices that are self-protective and respectful to others. Children and youth making such choices demonstrate increasing personal responsibility for themselves and for the consequences of their actions within their social networks, daily settings, and routine activities. The central focus of this review is placed on the pattern of choices being made by the child or youth in daily activities and social interactions and the degree to which these choices reflect personal responsibility and well-being of others. Age and functional limitations in ability should be taken into account when rating this area for individual children and youth. Opportunities for the child's own self-direction and responsible decision making provided by adults in the child's daily settings should also be taken into account. This review does not apply to children under age 10 years (SEE Review 9-B.

Determine from Informants, Plans, and School Records

1. As appropriate to age and ability, how well and consistently does this child:

   - ☐ Follow rules of conduct at school, at home, and in other settings?
   - ☐ Get wants and needs met in socially acceptable ways?
   - ☐ Communicate thoughts, feelings, and desires in acceptable ways?
   - ☐ Develop and maintain relationships with family and friends?
   - ☐ Participate effectively and appropriately in groups?
   - ☐ Demonstrate good judgment about behaviors that cause harm?
   - ☐ Solve everyday problems and make good decisions?
   - ☐ Make safe personal decisions about sexual activities?
   - ☐ Use leisure time in constructive, socially appropriate ways?
   - ☐ Perform responsibilities required in daily settings?
   - ☐ Show caregiving skills and helpful attitudes for self and others?

2. How well does the child fulfull his/her personal responsibilities at home, school, and in the community, taking age and ability into account?

3. To what degree does this child show a capacity for self-direction and control?

4. Does this child/youth engage in high risk or unlawful behaviors? Has this child's choice of behaviors and activities ever resulted in injury or arrest? If so, what is being done now to reduce risks and change behavior patterns?

5. To what degree are the child's decisions self-protective? To what degree is the child's pattern of decisions reflective of the child's long-term best interests?

6. To what degree is the child's pattern of choices respectful of the dignity, privacy, well-being, and property of others?

7. How well are appropriate, positive adults guiding and influencing this child's decision-making patterns and creating consequences for decisions, both good and poor?

Facts Used in Rating Status

NOTE:

This review indicator focuses on the child's development and use of capacities for self-direction and control and how these skills play out in making responsible and beneficial choices in daily activities and settings. This review indicator also considers the possibility of ***willful violation of social norms and community laws*** *by engagement or participation in illegal activities. Consider the following points about delinquent behavior as it may apply the focus child:*

- *The youth does not have to have an arrest record or adjudication to be participating in illegal activities. For example, participation in gang activities of an illegal nature should be considered even though the child or youth may not have been arrested for such activity.*
- *School offenses that result in suspension, restrictive placement, or expulsion should be considered even though the child or youth may not have been arrested or adjudicated for the activities that resulted in suspension or expulsion.*
- *Truancy and/or drug use should be considered regardless of arrest or adjudication.*

Child Status Review 9-A: Responsible Behavior (age 10 and older)

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal.** The child is showing **optimal responsible behavior** in all areas. Daily interactions, habits, and attitudes are fully and consistently responsible in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating optimal development of social skills and attitudes, work habits, relationships, and personal responsibilities consistent with expectations. The child may be well and consistently engaged in socially appropriate activities. No harmful behaviors are present nor considered likely in the near term. The child's pattern of responsible choices is optimal. — **6** ☐

- **Good.** The child is showing **substantial responsible behavior** in most areas. Daily interactions, habits, and attitudes are generally responsible in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating good social skills and attitudes, work habits, relationships, and personal responsibilities generally consistent with expectations. The child may be substantially engaged in socially appropriate activities. Any previous behaviors that were harmful in the past are not occurring. The child's pattern of responsible choices is consistently good. — **5** ☐

- **Fair.** The child is showing **fair responsible behavior**. Daily interactions, habits, and attitudes are at least minimally responsible in daily settings. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating fair social skills and attitudes, work habits, relationships, and personal responsibilities somewhat consistent with expectations. The child may be at least minimally engaged in socially appropriate activities. Any previous behaviors that were harmful in the past are being fairly reduced in frequency and seriousness. The child's pattern of responsible choices is fair. — **4** ☐

- **Marginal**. The child is showing **limited responsible behavior**. Daily interactions, habits, and attitudes are marginal or inconsistent in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating limited social skills and attitudes, work habits, relationships, and personal responsibilities somewhat inconsistent with expectations. The child may not be engaged in socially appropriate activities. Any previous behaviors that were harmful in the past may be occurring at a low level without serious consequences at the present time. The child's pattern of responsible choices is mixed, limited, or marginal. — **3** ☐

- **Poor.** The child is presenting **substantial ongoing problems in responsible behavior and is not progressing**. The child may act in ways that interfere with relationships; disrupt group activities; increase risks of harm to self or others; break rules; and may result in isolation, inadequate self-care, poor grades, or disciplinary actions. The parents/caregivers or teacher may have growing concerns about the child's behavior patterns and their harmful consequences. The child's pattern of responsible choices is generally poor. — **2** ☐

- **Adverse.** The child is presenting **serious and worsening problems with responsible behavior**. The child may be showing a pattern of worsening behaviors of increasing risk to self or others and/or may be suspended or expelled from school, confined in detention, or hospitalized. The child may be at high risk of school drop-out, teen pregnancy, addiction, dependency, or incarceration. Key people in the child's life have major concerns about the child's behavior and the ability of the service system to address the child's needs and problems. The child's pattern of responsible choices is exceptionally poor and may be harmful to his/her own interests or to the well-being of others. — **1** ☐

- **Not Applicable.** The focus child is **under age 5 years**. **- OR -** The child is over 5 years of age but has a significant developmental disability and functions at **mental age well under 5 years**. Therefore, this review does not apply to the focus child in this review. — **NA** ☐

Child Status Review 9-b: Responsible Behavior (under age 10)

RESPONSIBLE BEHAVIOR: • To what degree does the child: (1) Engage in age-appropriate social interaction, self-regulation, i.e., calm him/herself when upset, wait a short time for something he/she wants? (2) Follow simple directions, generally behave similarly to other children the same age in different settings such as at home, in a grocery store, in a library? (3) Generally accept and facilitate daily routines such as eating, dressing, getting into the car (as appropriate to age and developmental delay)?

Children should acquire and use developmentally appropriate behaviors and life skills that demonstrate increasing independence and attention to the consequences of their actions. This examination requires a broad view of a child's development of independence, empathy, conscience, caring, and social competence. Relationships with other children will be rudimentary, such as using their names by 24 months and naming objects (e.g., book, chair) and food (e.g., juice, cookie). Functional variations in ability (e.g., cognitive and communication) should be recognized.

Determine from Informants, Plans, and School Records

1. As appropriate to age, ability, and cultural expectations, how well and consistently does the child:

   - ☐ Participate in routines and follow rules in daily settings such as at mealtimes, at child care, at the beach or grocery store?
   - ☐ Try to get wants and needs met in socially acceptable ways before escalating to less acceptable ways?
   - ☐ Communicate emotions in relatively acceptable ways (e.g., saying "I hate you!")?
   - ☐ Develop and maintain relationships with familiar adults and children?
   - ☐ Participate effectively in groups at least to the extent of allowing the group to function and fulfill its role (e.g., extended family can celebrate a birthday without persistent disruption, preschool children and teachers can have peaceful circle time and settle down for naps)?
   - ☐ Avoid purposely hurting him/herself, and avoid hurting others except for infrequent, isolated episodes of biting, hard hitting, etc.?
   - ☐ Solve problems, e.g., by enlisting peer or adult help?
   - ☐ Understand and respond to limits, e.g., the word "No!"? (Note: The response is likely to include watchful testing of the limits.)
   - ☐ Begin to conform to standards of modesty, e.g., nudity or toileting?
   - ☐ Play constructively with toys or other objects, including imitative play?
   - ☐ Perform age-appropriate, ability-appropriate, and culturally appropriate tasks in daily settings (e.g., helps with table setting, picks up toys with help)?
   - ☐ Show development of self-care skills such as dressing, toileting, etc.?
   - ☐ Show development of caring for others (e.g., notices upset peers)?

2. To what extent are these aspects of personal responsibility demonstrated at home, in school/child care settings, and in community settings?

3. Has this child's ability to self-regulate, engage in appropriate social interaction with familiar adults, and generally behave like other children the same age in different settings improved over the past year? Has the child grown in his/her ability to accept and facilitate daily routines?

Facts Used in Rating Status

Child Status Review 9-b: Responsible Behavior (under age 10)

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
4. If enrolled in early intervention services, has the child engaged in behaviors that could significantly injure him/herself or other people? (Do not count infrequent isolated incidents of biting, hitting hard, pulling hair, etc., for children under 30 months.) Has this child been expelled from an educational or child care setting?	
5. To what extent do this child's daily habits and attitudes demonstrate the development of empathy, conscience, caring and social competence?	

NOTE: A child enrolled in EI (early intervention services) would have an IFSP (individual family support plan) if in the birth-to-three-year age group. A child who is age 3-4 years with a developmental delay or disability may have an IEP, if receiving pre-k services.

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child is showing **optimal development of appropriate behavior** in all areas. The child's daily interactions, habits, and attitudes show age-appropriate ability to self-regulate, interact with familiar adults and children, and generally behave appropriately at home and in the community. **- OR -** The child has a diagnosed developmental, behavioral, or emotional disability and is demonstrating optimal development of social skills and attitudes, relationships, and independence consistent with expectations and his/her IFSP. The child's caregivers are having no trouble managing or responding helpfully to the child's behavior. — **6** ☐

- The child is showing **substantial development of appropriate behavior** in most areas, consistent with age. **- OR -** The child has a diagnosed disability and is demonstrating substantial development of appropriate behavior consistent with age-appropriate expectations and his/her IFSP. The child's caregivers are having little trouble managing or responding helpfully to the child's behavior. — **5** ☐

- The child is showing **minimally acceptable development of appropriate behavior** in key areas. **- OR -** The child has a diagnosed disability and is demonstrating minimally acceptable achievement of development of appropriate behavior consistent with his/her IFSP. May present occasional problems somewhat more challenging than expected in a child of this age. The child's caregivers are having some trouble controlling or responding helpfully to the child's behavior. — **4** ☐

- The child is showing unacceptable **development in important areas of appropriate behavior**. May have an undiagnosed disability. **- OR -** The child has a diagnosed disability and is not demonstrating acceptable achievement of appropriate behavior consistent with his/her IFSP. May present daily problems somewhat more challenging than expected. The child's caregivers are sometimes unable to control or respond helpfully to the child's behavior. — **3** ☐

- The child is presenting **substantial problems in development of appropriate behavior**. The child may act in ways that interfere with important relationships, disrupt group activities, increase risks of harm to self or others, show a general inability to participate in routines, and may result in rejection by important caregivers or exclusion from group settings. Caregivers are often unable to control or respond helpfully to the child's behavior. — **2** ☐

- The child is presenting **serious and worsening problems with appropriate behavior**, interactions with familiar adults/children are deteriorating, and/or he/she may be expelled from group settings or rejected by primary caregivers. The child's caregivers are often unable to control or respond helpfully to the child's behavior. — **1** ☐

Child Status Review 10: Social Supports (age 10 and older)

SOCIAL SUPPORTS: Consistent with age and ability, to what degree is the child: (1) Developing an age-appropriate circle of positive friends/supporters? (2) Participating in social/recreational activities necessary for gaining important life experiences? (3) Gaining group affiliation, adult guidance, and social connections via ties to community organizations (faith-based or secular)? (4) Benefitting from a significant, enduring relationship with one or more adults who provide positive role modeling, support, and guidance?

Children and youth should acquire and extend their social supports while gaining age-appropriate life experiences that build their capacities to function effectively within their social networks and range of activities in various social settings. Ideally, the child should be extending the size, composition, and quality of relationships in an age-appropriate and enduring social network of peers and adults. Good social skills are gained by a child in developing and extending his or her circle of friends and adult supporters in daily settings and activities. Using social skills helps to develop friends at school and to form supportive relationships with teachers and other adults. Joining sports teams or clubs requires the development and use of social skills, character traits, attitudes, and affiliations that are necessary for success in life. Appropriate social activities engage child in "learning and fun events" that promote active avoidance of socially harmful activities that may cause harm or hardship to self or others. The focus here is on building one's social network and supports in daily settings, engaging in socially appropriate activities (e.g., extracurricular activities). A major protective factor for child is having at least one significant and enduring positive relationship with an adult who provides guidance and support, ideally of the same gender as the child [this is expecially important for adolescent males]. Age and functional limitations in ability should be taken into account in rating this status indicator. This review does not apply to children under age 5 years or who may be older but have a mental age well under 10 years.

Determine from Informants, Plans, and Records

1. As appropriate to age and ability, how well and consistently does this child:
   - ☐ Have the opportunity to acquire and use social skills in daily activities?
   - ☐ Have the opportunity to join clubs, teams, or other organized groups?
   - ☐ Demonstrate the use of good social skills in daily settings and activities?
   - ☐ Develop and extend the child's circle of friends and supporters?
   - ☐ Acquire and use character traits, sensitivities, attitude, and affiliations necessary for social success at home and school and in life?
   - ☐ Actively avoid socially harmful activities?
2. What are the child's normal social and recreational activities? What are the child's desires for engagement in age-appropriate social activities that are "fun" for the child and properly supervised by adults?
3. Does this child have age-peer friends? Do these friends help to influence the child's behaviors in positive ways? Are these strong and enduring relationships or just classmates or casual acquaintances?
4. Does this child have a significant and enduring positive relationship with an adult who cares about this child? Is this adult of the same gender as the child? Does this adult function as a mentor or life coach for this child?
5. To what extent does this child have an active and supportive network for age-peer friends and supporters? How well does this network actually support this child? What are this child's group affiliations?

Facts Used in Rating Status

NOTE:

Consider the size and composition of the child's current social network:

- *Number of age-peer friends: _____*
- *Number of friends who do not have a disabling condition: _____*
- *Number of relatives with close and supportive relationships: _____*
- *Number of paid persons (e.g., teacher, therapist, aide, caseworker) who have close and supportive relationships: _____*
- *Number of non-related, non-paid adults who have a close and supportive relationship with this child: _____*

Consider the duration of the relationships. How many have endured for more than a year? ____

Consider the supportive quality of those relationships. How many actually provide positive guidance, direction, support, and friendship for the child? _____

Consider the significance of the relationship to the child. Which of these persons does the child feel particularly close to, finding attachment & security in the relationship? _____

Child Status Review 10: Social Supports (age 10 and older)

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal social supports**. The child is rapidly developing and extending an excellent circle of friends, adult supporters, and group affiliations. This child participates fully in social and recreational activities with age peers and adults and is gaining many important life experiences. This child has a significant and enduring relationship with two or more adults who provide excellent support and guidance. — **6** ☐

- **Good social supports.** The child is steadily developing and extending a wide circle of friends, adult supporters, and group affiliations. This child participates often in social and recreational activities with age peers and adults and is gaining some important life experiences. This child has a significant and enduring relationship with at least one adult who provides good support and guidance. — **5** ☐

- **Fair social supports**. The child is gradually developing and extending a small circle of friends, adult supporters, and group affiliations. This child participates occasionally in social and recreational activities with age peers and adults and is gaining a few important life experiences. This child is developing a significant and enduring relationship with at least one adult who provides fair support and guidance. — **4** ☐

- **Marginal or limited social supports**. The child is inconsistently developing a limited circle of friends, adult supporters, and group affiliations. This child participates on a limited basis in social and recreational activities with age peers or adults and is gaining a few important life experiences. The child may have an ongoing relationship with one adult who may provide marginal support and guidance or of only short duration (less than a year). Some persons may expose the child to some moderately negative influences or life patterns. — **3** ☐

- **Poor**. The child is presenting **substantial problems with social supports and is not progressing**. The child is <u>not</u> developing a useful circle of friends and adult supporters. The child may not participate in social and recreational activities with age peers or adults and may be missing important life experiences. The child may not have an ongoing relationship with even one adult who provides positive support and guidance. Some persons may expose the child to substantially negative influences or life patterns. — **2** ☐

- **Adverse**. The child is presenting **serious and worsening problems with social supports**. The child may be losing social skills (possibly due to increasing psychiatric symptoms) in present daily settings or may be placed in a restrictive setting or situation that disrupts existing relationships and limits new ones. The child may be losing or lacking age-peer friends and adult supporters. The child may not participate in social and recreational activities with age peers or adults and may be missing out on important life experiences. The child may not have an ongoing relationship with even one adult who provides positive support and guidance. Or, the child may have an inappropriate or harmful relationship with peers or adults or have an affiliation with a gang or very negative peer group. — **1** ☐

- **Not Applicable.** The focus child is **under age 10 years**. **- OR -** The child is over 10 years of age but has a significant developmental disability and functions at a **mental age well under 5 years**. Therefore, this review does not apply to the focus child in this review. — **NA** ☐

Child Status Review 11: Substance Use

SUBSTANCE USE: • Are the child and/or parent/caregiver free from substance use impairment? • If the child or parent/caregiver is in recovery from a substance use disorder, is the family home atmosphere supportive of recovery efforts?

While any alcohol or substance use by children or youth is problematic and warrants attention; there are varying degrees and types of substance use resulting in subsequent life impairment. **Substance is defined** as an illicit substance, misuse of over-the-counter medications, misuse of prescribed medications, and/or misuse of chemicals. Parents/caregivers with substance use disorders often have impaired parenting abilities and create chaotic home environments. Early identification and treatment of substance use disorders in the child or parent/caregiver will contribute to improved functioning and positive outcomes.

Children and youth should maintain a lifestyle free of substance use. Impairment arising from use of these substances poses potential harm to the child's physical and emotional well-being. If using substances, children and youth should be making reasonable progress toward recognizing problems with substance use, increasing motivation to "take charge" of reducing their own substance use, lowering the impairment and risks associated with substance use, and decreasing the use of substances.

Determine from Informants, Plans, and Records	Facts Used in Rating Status
1. Has the child and/or parent/caregiver been screened for substance use disorder?	
2. Is there any alcohol or substance use by the child or youth? If yes, what type of substance is used, what method is used, how often is the substance used, and what are the consequent life problems?	
3. Does the parent/caregiver have a substance use disorder? Is the climate in the home supportive of treatment and recovery efforts?	
4. Is the child using substances in isolation, with family, or with a peer group?	
5. Is substance use related to other high risk behavior (needle sharing, sexual activity, DUI, etc.)?	
6. Is substance use causing functional impairment (poor school attendance or achievement, problems with family/peers/community, difficulty with employment)?	
7. Has substance use led to criminal activity or involvement with police or courts?	
8. What level of motivation does the child have for obtaining/maintaining a substance-free lifestyle?	
9. Is the child or parent/caregiver currently receiving treatment for substance use? Has the child or parent/caregiver needed and/or received treatment for substance use within the past year?	
10. If treatment for substance use has been received and completed, has relapse presented as a problem? If so, how often? Is relapse prevention being pursued?	

Child Status Review 11: Substance Use

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ **Optimal Status**. The child and parent/caregiver in the home are fully free from substance use impairment at this time. If the child or parent/caregiver has experienced substance use impairment in the past, the person has maintained sobriety for at least 12 months without relapse. The social climate in the home is fully supportive of recovery efforts.	**6** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Good Status**. The child and parent/caregiver in the home are free from substance use impairment at this time. If the child or parent/caregiver has experienced substance use impairment in the past, the person has maintained sobriety for at least six months without relapse. The social climate in the home is generally supportive of recovery efforts.	**5** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Fair Status**. The child or parent/caregiver may have had recent substance use, but impairment is substantially reduced or limited and daily functioning is at a minimally adequate level. The person may be actively participating in an appropriate treatment program. The person may be showing progress in treatment. The social climate in the home is somewhat supportive of recovery efforts.	**4** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Marginal Status**. The child or parent/caregiver has mild to moderate substance use impairment that may result in some negative consequences or adversely affects functioning in daily settings. The person may be receiving treatment but may be making little progress. The social climate in the home may not be very supportive of recovery efforts.	**3** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Poor Status.** The child or parent/caregiver may have an established pattern of substantial and continuing substance use impairment. The person has moderate to serious substance use that results in very negative consequences and/or substantial functioning limitations. The person may be continuing to use substances and may not be making progress in a treatment program. The social climate in the home may substantially undermine recovery efforts.	**2** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Adverse Status.** The child or parent/caregiver has **serious and worsening substance use impairment**. The person has serious life-threatening substance use patterns that result in significant negative consequences and/or major functional limitations and may cause restriction in an institutional setting. The person's substance use is worsening. The social climate in the home may actively support continued substance use and possibly other illegal activities.	**1** ☐ Child/Youth ☐ Parent/Caregiver
◆ **Not Applicable.** Neither the child nor the parent/caregiver has a history of substance use impairment. This indicator does not apply at this time.	**NA** ☐ Child/Youth ☐ Parent/Caregiver

Note on Assessing Status on the Above Indicators

Parent/cargiver status, as measured in these indicators, focuses on the situation observed for the parent/caregiver over the past 30 days (one month). The focus is placed on the dominant pattern observed over this time period. In the unlikely event that the pattern has made a signifiant change within the 30-day period, the most recent status situation should be reflected in the rating. The 30-day rule-of-thumb should be applied except when the wording within an indicator rating instructs the reviewer to consider a different time period.

Section 4

Parent/Caregiver Status

Note Concerning the Parent (P) and Caregiver (C) in the following Reviews

*As used in this review, the term "**parent**" refers to the birth parent(s) of the focus child selected for review. The term "parent" also may apply to the legal adoptive parent(s) of a focus child or to a permanent legal guardian with whom the child lives. In the review items that follow, the letter "**P**" will be used to designate the parent. The term "**caregiver**" applies to a person who may temporarily provide a home or residential care for the focus child. The term "caregiver" applies to a relative/ kinship caregiver, a foster parent, a prospective adoptive parent before legal adoption occurs, assigned direct care staff in a congregate care/treatment facility, or to any other caregiver who may have temporary custody of the child. In the reviews that follow, the letter "**C**" will be used to designate the caregiver. **Note**: The roles, responsibilities, and skills of parenting and caregiving are considered to be equivalent with respect to the nuturance, protection, and oversight of a dependent child. For this reason, the terms "parenting" and "caregiving" are used synonymously in the following reviews.*

When conducting a review of a child living with the birth or adoptive parents and without involvement of a substitute caregiver, only the Parent is rated and boxes marked with rating values on the Parent/Caregiver review items. Since there is no caregiver involved, the Caregiver boxes are marked not applicable (NA). When conducting a review of a focus child who is living temporarily away from the birth/adoptive parent but who is expected to return to the home of the birth/adoptive parent, the reviewer applies the review items to both the parent and the temporary caregiver. If parental rights have been relinquished or terminated for a focus child who is living in a temporary home while awaiting permanency, then the Parent boxes are marked not applicable (NA) and only the Caregiver review items are rated and marked.

Parent/Caregiver Status Review 1a: Parent/Caregiver Support of the Child

PARENT/CAREGIVER SUPPORT OF THE CHILD: To what degree are the parents (or caregivers with whom the child is now residing) willing and able to provide the child with the assistance, supervision, and support necessary for successful daily living?

FOR A CHILD LIVING WITH A BIRTH PARENT, RELATIVE, FOSTER PARENT, ADOPTIVE PARENT, OR LEGAL GUARDIAN

The child's birth parents or current custodial parents are considered to be the primary caregivers for the child. The parents and/or caregivers responsible for the child should have the **capacities, availability, and willingness** to meet the child's basic care and development needs reliably on a daily basis. This expectation also applies to a child who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a child may increase demands on the time, attention, skills, financial resources, and patience required of parents and/or caregivers for the child's supervision, physical care, training, and direction. Added training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the child and extend the capacities of the parent and/or caregiver. When the child's parent and/or caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the child. Expectations of adequate caregiver functioning and support apply to children living in a bio-family home, relative home, kinship home, foster home, or adoptive home. Parent/Caregiver Status Rating 1a does not apply to group or institutional settings (use Parent/Caregiver Status Rating 1b instead).

Determine from Informants, Plans, and School Records

☐ Yes ☐ No Does the parent and/or caregiver perform parenting functions willingly, adequately, and consistently on a daily basis?

☐ Yes ☐ No Is the home free of hazards that might endanger the children?

☐ Yes ☐ No Are all children in the home adequately supervised? Is the parent and/or caregiver able to arrange for adequate child care?

☐ Yes ☐ No Are the children attending school on a daily basis and doing their homework?

☐ Yes ☐ No Are parents and/or caregivers attending parent-teacher conferences and special school events?

☐ Yes ☐ No Does the parent and/or caregiver use praise, affection, emotional support, and age-appropriate discipline?

☐ Yes ☐ No Is the parent and/or caregiver accessing and using community resources?

☐ Yes ☐ No Does the parent and/or caregiver follow the service plan, attend required meetings, and transport the child to his/her appointments?

☐ Yes ☐ No Does the parent and/or caregiver meet this child's parenting needs and/or special needs?

If the parent and/or caregiver's functioning is not adequate, are added supports being provided to meet the child's needs?

If the child is in therapeutic foster care, do the foster parents receive adequate assistance to address the child's needs?

Facts Used in Rating Status

NOTE:

The term "parent and/or caregiver" is designated as "P/C" or "Ps/Cs" in plural form in the text of this review to conserve space.

If the child currently lives with:

☐ *Birth parent,*
☐ *Adoptive parent,*
☐ *Kinship caregiver,*
☐ *Foster caregiver,*
☐ *Permanent legal guardian,*

then use P/C Status Review 1a to rate the parent/caregiver.

If the child is temporarily living in a residential treatment or congregate care facility and is returning to a birth/adoptive home, use P/C Status Review 1a to rate the permanent home and P/C Status Review 1b to rate the caregiving being received by the child in the group setting.

Parent/Caregiver Status Review 1a: Parent/Caregiver Support of the Child

Description and Rating of the Child/Parent/Caregiver's Current Status

Description of the Status Situation Observed for the Child and Parent and/or Caregiver — Rating Level

- **Optimal Parenting/Caregiving.** The child receives **optimal caregiving** in his/her current home and benefits from competent, consistent, and caring parenting. Where necessary, any extraordinary demands placed on the parent and/or caregiver are balanced with training, practical assistance, support, and relief to meet the needs of the child and maintain the stability of the home. Such supports are both functional and of optimal intensity to assist the parent and/or caregiver with extraordinary demands. If parent and/or caregiver supports and services are necessary, they are fully effective in meeting the need.

  6
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Good Parenting/Caregiving**. The child receives **good caregiving** in his/her current home and has generally competent and caring parenting. Where necessary, most of the extraordinary demands placed on the parent and/or caregiver are supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Such supports are functional and of sufficient intensity to assist the parent and/or caregiver with extraordinary demands. If parent and/or caregiver supports and services are necessary, they are substantially adequate and consistent in meeting the need.

  5
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Fair Parenting/Caregiving.** The child receives **fair caregiving** in his/her current home and has minimally competent and caring parenting. Where necessary, any extraordinary demands placed on the parent and/or caregiver or functional limitations of the parent and/or caregiver are aided with training, practical assistance, in-home supports, and possibly protective supervision to meet the needs of the child and maintain the stability of the home. Assistance to the parent and/or caregiver is minimally adequate for meeting extraordinary demands. There is minor concern regarding the stability of the placement. If parent and/or caregiver supports and services are necessary, they are minimally adequate and consistent in meeting the need.

  4
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Marginal Parenting/Caregiving.** The child is experiencing **minor problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the parent and/or caregiver are not being adequately supported with the necessary training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Parent/caregiver supports are inconsistent or of not enough intensity to meet extraordinary demands. Additional parent/caregiver supports may not be available, dependable, or effective. There may be some concern about the stability of the placement. Some important needs may be infrequently unmet.

  3
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Poor Parenting/Caregiving.** The child has **substantial and continuing problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, extraordinary demands placed on the parent and/or caregiver are not adequately supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Necessary supports are lacking in scope or intensity to meet the needs of the parent/caregiver and/or child. There is growing concern regarding stability with placement disruption seen as possible. Consequences of the unmet needs to the child may be of substantial concern.

  2
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Adverse Parenting/Caregiving.** The child has **serious and worsening problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, the parent/caregiver is not receiving any useful or effective support, despite extraordinary demands placed on the parent/caregiver. There is serious concern regarding stability and placement disruption is likely. Consequences of the unmet needs to the child may be of great immediate concern.

  1
  ☐ Parent (P)
  ☐ Caregiver (C)

- **Not Applicable.** Exam is NA for the birth parent if child is placed with a substitute caregiver, birth parents are deceased, parental rights have been or will soon be terminated, or there is no plan to return the child to the birth parents. Exam is NA for a substitute caregiver if the child is currently living with the birth parents.

  NA
  ☐ Parent (P)
  ☐ Caregiver (C)

Scoring rule: *Rate both birth/adoptive parent and substitute caregiver if child is currently placed with the substitute caregiver and is expected to return to the birth/adoptive parents.*

Parent/Caregiver Status Review 1b: Group Caregiver Support of the Child

GROUP CAREGIVER SUPPORT OF THE CHILD: To what degree are the child's primary caregivers in the group home or facility supporting the education and development of the child adequately on a consistent daily basis?

FOR A CHILD LIVING IN A GROUP HOME OR RESIDENTIAL FACILITY

The child's group home should have one or more primary caregivers who are willing, available, and able to parent the child daily by:

- Assisting with the child's education by ensuring daily school attendance, assisting with homework and special projects.
- Encouraging and supporting the child's participation in extracurricular activities.
- Attending parent-teacher conferences, planning special services, and attending special school events.
- Meeting the child's basic needs for food, shelter, clothing, hygiene, and health care.
- Following through at the group home on special educational or therapeutic interventions for a special needs child.
- Meeting the child's basic emotional needs through praise, affection, emotional support, and age-appropriate discipline.
- Knowing the child's friends, pattern of activities, and whereabouts and providing oversight in reducing risk situations.
- Providing adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior.
- Providing guidance and moral reasoning as the child moves through life stages and works through typical life problems.

These are routine primary caregiver activities that meet a child's needs for health, safety, love, attention, caring, development, socialization, and education. They also provide a basis for developing conscience, character, and good habits essential for personal responsibility. Primary caregiver activities should be done on an age-appropriate basis for the child in a group home. The primary focus of this exam is on caregiver-provided supports necessary for the child to be ready to learn, participate in school activities, and benefit from educational opportunities.

Determine from Informants, Plans, and Records

1. Who is the primary caregiver in the group home for this child (afternoon, evening, and weekend shifts)?
2. Are the child's basic and special needs met on a consistent daily basis?
3. Does the child come to school ready to learn and to participate?
4. Is the child attending school on a daily basis?
5. Does the child complete homework and special project assignments?
6. Is the child encouraged and supported in participating in extracurricular activities provided through the school or community organizations?
7. Do the child's caregivers attend teacher conferences, IEP meetings, and other activities related to the needs and progress of the child?
8. Do the primary caregivers spend time with the child on a regular basis in support of school and education-related activities?
9. Are the child's emotional needs met through praise, affection, emotional support, and age-appropriate discipline?
10. Do the caregivers know their children's friends, activity patterns, and whereabouts and provide oversight necessary to reduce risks of harm to the children?
11. Do the caregivers provide adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior, including the child's school behavior and academic performance?
12. As the child develops through adolescence and teenage years, are caregivers able to assist him/her with making critical life decisions regarding education, vocation, sexuality, religion, morality, or the use of substances?

Facts Used in Rating Status

NOTE:

The term "parent and/or caregiver" is designated as "P/C" or "Ps/Cs" in plural form in the text of this review to conserve space.

Parent/Caregiver Status Review 1b: Group Caregiver Support of the Child

Determine from Informants, Plans, and Records	Facts Used in Rating Status
13. Do the caregivers provide positive rewards, feedback about behavior, and corrective instruction and use logical consequences for correcting misbehavior? 14. Are supports and services being provided to assist caregivers in the group home? If so, do these seem to be adequate in meeting the needs of the child and caregivers? Do caregivers have access to sufficient and ongoing training?	

Description and Rating of Child/Caregiver's Current Status

Description of the Status Situation Observed for the Child and Current Caregiver — Rating Level

- **Optimal Caregiving.** The child always comes to school prepared and ready to learn, participates fully in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through excellent academic achievement. The child's basic and special needs are consistently met. Caregivers provide affection, discipline, logical consequences, and moral upbringing. Caregivers participate fully in teacher conferences, planning services, and special events. The child is assisted with homework, tutoring as needed, special assignments, and participation in extracurricular activities. — **6** ☐

- **Dependable Caregiving.** The child usually comes to school prepared and ready to learn, participates occasionally in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through satisfactory academic achievement. The child's basic and special needs are generally met. Caregivers usually provide affection, discipline, logical consequences, and moral upbringing. Caregivers usually participate in teacher conferences and planning meetings. The child is usually assisted with homework and participation in extracurricular activities. — **5** ☐

- **Minimally Adequate Caregiving.** The child comes to school minimally prepared and ready to learn, participates in a few extracurricular activities, and is benefiting from his/her educational opportunities as shown through fair academic achievement. The child's basic and special needs are minimally met. Caregivers provide affection and discipline. Caregivers occasionally participate in teacher conferences and planning meetings. The child is minimally assisted with homework and extracurricular activities. — **4** ☐

- **Some Problems in Caregiving.** The child occasionally comes to school prepared and ready to learn, may participate in extracurricular activities, and is benefiting little from his/her educational opportunities as shown through poor academic achievement. The child's basic and special needs are inconsistently met. Caregivers provide inconsistent affection and/or inadequate or inappropriate discipline. Caregivers seldom participate in teacher conferences and planning meetings. The child is inconsistently or inadequately assisted with homework or extracurricular activities. Follow-through with special interventions is limited. Minor support problems are present. — **3** ☐

- **Moderate and Continuing Problems in Caregiving.** The child rarely comes to school prepared and ready to learn. Any benefit from his/her educational opportunities is questionable, as shown through poor academic achievement. The caregiver may be unable to meet the caregiving demands within the home for some period of time. Basic care of children, supervision, and assistance lapse for extended periods of time. The child is likely to be doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline may be absent, inappropriate, or excessive. Moderate support problems and their consequences are present. — **2** ☐

- **Serious and Worsening Problems in Caregiving.** The child does not come to school prepared and ready to learn and is not benefiting from his/her educational opportunities, as shown by failing academic performance. The caregiver may be frequently absent or unable to perform parenting responsibilities within the home for extended periods of time. There is serious concern regarding basic care, supervision, and assistance for the children. The child is most likely doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline is absent, inappropriate, or excessive. Serious support problems and their consequences are present. — **1** ☐

- **Not Applicable.** This exam is not applicable if the child does not live in a group home or residential facility. — **NA** ☐

Parent/Caregiver Status Review 2: Participation in Decisions

PARTICIPATION IN DECISIONS: To what degree are the child's parent and/or caregiver ongoing participants in decisions made about the educational, treatment, and support services planned and provided to the child and parent/caregiver?

As the child's first and foremost teacher and as the child's legal and primary advocate, the parent and/or caregiver should be an able, active, and ongoing partner in the child's education and/or treatment as well as supports provided to the parents and/or caregivers. The P/C should support the child by:

- Meeting the child's needs for safety, security, nurturance, consistency of routine, medical care, and supervision.
- Assisting with the child's education by ensuring daily school attendance and assisting with homework and special projects.
- Attending parent-teacher conferences/service team/treatment team meetings for planning and coordinating planned goals, interventions, and special services, and supporting service efforts of others involved with the child and family.
- Following through at home on special educational or therapeutic interventions for a special needs child.
- Encouraging and supporting the child's participation in extracurricular and recreational activities that build social supports.

To fulfill the role of child advocate and supporter, the P/C should be engaged as a service partner in assessing needs, making plans, implementing and monitoring services, and evaluating results and outcomes. In some cases, the P/C may experience circumstances that reduce ability or opportunity to participate as a major partner. Working single Ps/Cs may lose income if required to attend meetings during school hours. P/Cs with extraordinary demands in the home or other caregivers with special needs of their own may have difficulty participating without special accommodations or support. The service team has an obligation to engage the P/C as a partner in decision making, to make accommodations and provide supports where necessary to facilitate P/C participation, or to provide a capable and willing surrogate caregiver when P/Cs are unable to fulfill this critical role. The surrogate should come prepared to participate in decisions made on behalf of the child. This means knowing the child, visiting with the teacher, and knowing the situation.

Determine from Informants, Plans, and Service Records

1. Does the child's P/C attend teacher conferences, service planning meetings, and other planning activities related to the needs and progress of the child?

2. Are there any factors that substantially and repeatedly prevent or reduce the P/C's opportunity or ability to function as an advocate for the child in matters related to the ISP/IEP or to the child's living situation and performance at school or in the community? If so, what are these factors?

3. If there are factors that substantially and repeatedly prevent or reduce the P/C's opportunity or ability to function effectively in matters related to the plans or the child's service situation, has the service team offered special accommodations or supports to the P/C to facilitate effective participation? If so, have they been accepted by the P/C and has this improved participation? If accommodations or supports have not been offered, why not?

4. Does the P/C see him/herself as an active participant and partner in making team decisions about the child's needs, services, progress, or results?

5. Are meetings where important decisions are being made held at such times and places at to encourage and support the participation of the P/C in the decision-making process?

6. If the P/C is unable to function as an effective partner, has a surrogate been assigned by the service team? If not, why not? If so, is this person functioning as a knowledgeable and prepared advocate for the child?

Facts Used in Rating Status

NOTE:

The term "parent and/or caregiver" is designated as "P/C" or "Ps/Cs" in plural form in the text of this review to conserve space.

The scope of this review includes all decisions that a P/C makes in behalf of the child including:

- *Child welfare decisions*
- *School decisions*
- *Medical treatment decisions*
- *Mental health treatment decisions*
- *Court-related decisions*
- *Transition and life planning decisions*

Parent/Caregiver Status Review 2: Participation in Decisions

Description and Rating of the Child's Current Status

Description of the Status of P/C Participation and Educational Advocacy for the Child	Rating Level
◆ **Optimal participation.** The child's P/C is a full and effective partner in all aspects of assessment, service planning, implementation and monitoring, and evaluation of results.	**6** ☐ Parent (P) ☐ Caregiver (C)
◆ **Substantial participation.** The child's P/C is a substantial and contributing partner in most aspects of assessment, service planning, implementation and monitoring, and evaluation of results.	**5** ☐ Parent (P) ☐ Caregiver (C)
◆ **Minimal participation.** The child's P/C is a fairly regular participant in some aspects of assessment, service planning, implementation and monitoring, and evaluation of results.	**4** ☐ Parent (P) ☐ Caregiver (C)
◆ **Marginal participation.** The child's P/C is an occasional or inconsistent participant in a few aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The P/C may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even with offered accommodations or assistance.	**3** ☐ Parent (P) ☐ Caregiver (C)
◆ **Inadequate participation.** The child's P/C seldom participates in any aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The P/C may have limiting circumstances, may not have been offered acceptable accommodations or supports, or may not wish greater participation even with offered accommodations or assistance.	**2** ☐ Parent (P) ☐ Caregiver (C)
◆ **No participation.** The child's P/C has not participated in any aspects of assessment, service planning, implementation and monitoring, and evaluation of results within the past 12 months. **- OR -** No surrogate parent has been identified and assigned to serve this child who lacks necessary educational advocacy.	**1** ☐ Parent (P) ☐ Caregiver (C)
◆ **Not Applicable.** Parental rights have been surrendered or terminated without a new permanent P/C having been established by the court; therefore, no P/C is present. **- OR -** No substituted caregiver is involved in this case because the child lives with his/her parents; therefore, no substituted caregiver is present.	**NA** ☐ Parent (P) ☐ Caregiver (C)

Parent/Caregiver Status Review 3: Service Perceptions

SERVICE PERCEPTIONS: To what degree do the child and caregiver say that: (A) They made choices from among service options that were appropriate to need and convenient for the family? (B) Their active influence (voices and concerns) helped to shape service plans? (C) They were treated with dignity and respect in all service-related activities? (D) Services were beneficial leading to circumstances that are better now than when services began? (E) They are satisfied with the services and supports received and results achieved?

Effective family engagement, work of the team, and services provided should lead to favorable service experiences and perceptions for the parents/caregivers of the focus child. For children and parents/caregivers to have favorable service experiences, they should have:

A. **Exercise of choice** in the selection of services from among the range of appropriate and desirable options.

B. **Active influence** in all aspects of the service process including assessment, planning, implementation, monitoring, and evaluation. Influence means that the child/caregiver have a **voice** in service processes that helps to shape decisions, actions, and results.

C. The feeling of being treated with **dignity and respect** (e.g., acceptance, inclusion, convenience, cultural accommodations).

D. A **perception of positive benefits** from the service process, including the view that circumstances of the child and family are better now than when the service process began.

E. **Satisfaction with the supports and services received** as well as with the results being achieved via the service process.

Each of these five aspects of the child and caregiver's experience is rated separately in this review. Use the criteria provided below to determine a rating for each aspect and record each on the roll-up sheet. Remember that some services may not be voluntary in some cases. The court may impose services on delinquent youth or on birth parents whose children have experienced maltreatment. Even when some services may be required, older children and caregivers still should be offered options, exercise choices, exert influence, be treated with respect, and experience benefits from services. The primary focus of experience should begin with the needs of the focus child and then extend to the needs of the parents or caregivers. Note: Children under age 12 or lacking the ability to respond to these areas should not be rated.

Determine from Informants, Plans, and Records

3A. Exercise of Choice. To what extent did the child/caregiver make choices among services, providers, locations, times, and other matters of family necessity and convenience? Determine which of the following statements best applies to the person's pattern of choices:

☐ 6. **Optimal.** Full range of choices available and used for all needed services.
☐ 5. **Good.** Good range of choices available and used for most needed services.
☐ 4. **Fair.** Some choices available and used for some needed services.
☐ 3. **Limited.** Few choices available or used for most needed services.
☐ 2. **Poor.** Very limited choices available or used for most needed services
☐ 1. **Not Available.** Choices or services not available for essential needs.

Status Rating Instructions

Exercise of Choice Rating. Based on a review of case records and responses, determine the statement that best describes P/Cs' range of choices offered and used in the service process. Focus on essential services first. Consider choices available for needed services that would maximize benefits while mimimizing hardships or inconveniences for the focus child and P/Cs. Be sure to explain any rating of 1-3.

3B Rating Assigned: Parent/Caregiver ☐
Focus Child/Youth ☐

Parent/Caregiver Status Review 3: Service Perceptions

Determine from Informants, Plans, and Records

3B. Active Influence. To what extent has the active influence (voice, concerns) of the child/caregiver helped to shape service decisions, actions, and positive results? Determine whether the following conditions are adequately met:

- ☐ 6. Person contributed to the assessment and understanding of needs.
- ☐ 5. Person shared hopes, visions, and concerns with the service team.
- ☐ 4. Person voices and issues helped shape the service plan direction.
- ☐ 3. Person experiences and concerns guide plan implementation.
- ☐ 2. Person help to monitor and evaluate results of the service process.
- ☐ 1. Person advocate well in meeting the needs of their child and family.

3C. Perceived Respect. To what degree do child/caregiver perceive that they have been treated with dignity and respect within the service process?

- ☐ 6. **Optimal Respect**; far exceeds expectations for respectful interactions.
- ☐ 5. **Good Respect**; meets/exceeds expectations for respectful interactions.
- ☐ 4. **Fair Respect**; is close to meeting expectations for respectful interactions.
- ☐ 3. **Marginal Respect**; is somewhat under expectations for respect.
- ☐ 2. **Poor Respect**; is substantially under expectations; very disappointing.
- ☐ 1. **Disrespect**; perceptions of serious, possibly worsening disrespect.

3D. Perceived Benefits. To what degree do child/caregiver perceive that services have been beneficial to the focus child and parent/caregiver?

- ☐ 6. **Optimal Benefit**; far exceeds expectations in all areas of need.
- ☐ 5. **Good Benefit**; meets/exceeds expectations in many areas of need.
- ☐ 4. **Fair Benefit**; is close to meeting expectations in many areas of need.
- ☐ 3. **Marginal Benefit**; is somewhat under expectations in many areas of need.
- ☐ 2. **Poor Benefit**; is substantially under expectations; very disappointing.
- ☐ 1. **No Benefit or Worsening Circumstances**; fails to see any benefits from services; may have seen circumstances worsen since services began.

3E. Satisfaction. To what degree are the child and caregiver satisfied with supports, services, and results?

- ☐ 6. **Optimal Satisfaction**; person "couldn't be more pleased."
- ☐ 5. **Good Satisfaction**; person is "generally satisfied."
- ☐ 4. **Fair Satisfaction**; person is "more satisfied than disappointed."
- ☐ 3. **Marginal Satisfaction**; person is a "littled more disappointed than pleased."
- ☐ 2. **Poor Satisfaction**; person is "consistently disappointed and dissatisfied."
- ☐ 1. **No Satisfaction or Worsening Circumstances**; person is "greatly and increasingly disappointed and dissatisfied with supports and services."

Status Rating Instructions

Active Influence Rating. Determine the number of the six bulleted conditions that are met by the child/caregivers' influence on service decisions, actions, and positive results. Award one rating point for each of the six conditions met. Sum the number points to arrive at a rating of 1-6 for this child. If no conditions are met, assign a rating of "1".

3B Rating Assigned: Parent/Caregiver ☐ Focus Child/Youth ☐

Perceived Respect Rating. Determine the statement that best describes these child/caregivers' perceptions of their treatment in the service process. Record the number assigned to the left of the statement as the rating value for perceived benefit. Be sure to explain any rating of 1-3 in the oral and written report.

3C Rating Assigned: Parent/Caregiver ☐ Focus Child/Youth ☐

Perceived Benefits Rating. Determine the statement that best describes these persons' perceptions of service benefits and results for the child and family. Record the number assigned to the left of the statement as the rating value for perceived benefit. Be sure to explain any rating of 1-3 in the oral and written report.

3D Rating Assigned: Parent/Caregiver ☐ Focus Child/Youth ☐

Satisfaction Rating. Determine the statement that best describes the child and caregiver's level of satisfaction with services. Record the number assigned to the left of the statement as the rating value for satisfaction. Be sure to explain any rating of 1-3 in the oral and written report.

3E Rating Assigned: Parent/Caregiver ☐ Focus Child/Youth ☐

Section 5

Progress

Note on Assessing Progress on the Above Indicators

Progress, as measured in these indicators, focuses on changes made over the past 180 days (six months) or since admission, if less than six months have passed since admission to services. In assessing progress, consider the level of behavior or condition six months ago and the level of the behavior or condition today and rate whether the direction and degree of change meets expectations.

Progress Review 1: Risk Reduction

RISK REDUCTION: To what extent has adequate progress, consistent with the child/youth's life circumstances and functional abilities, been made in reduction of specific, targeted risks identified for this child over the past six months?

Due to a combination of life circumstances and/or functional limitations, some children with special needs may be **at greater risk of harm or poor outcomes** than are other children. A history of past harmful events (e.g., confirmed maltreatment, previous suicide attempts, arrest for serious criminal activity) or presence of serious risk factors such as high-risk diagnoses (hemophilia, severe allergic shock, or explosive behavior disorder) or high risk behaviors (e.g., being sexually active with multiple partners without taking precautions, huffing chemical vapors, or binge drinking) that are consistent with severe adverse consequences should be used to identify risks for a child. These identified risks should be targeted for reduction and/or provision of protective supports or actions to mitigate the risk factors and to reduce the likelihood of near-term harm or longer-term negative outcomes. If the child is at elevated risk of harm or at elevated risk of an undesirable outcome (e.g., school drop-out, expulsion, pregnancy, addiction, life-threatening disease, suicide, or arrest), then such risks should be specifically targeted for reduction or mitigation in the individualized treatment or service plan, including the IEP, where appropriate. Identification of risks for a child should be based upon case history, risk factors, recent circumstances, and current patterns. Due diligence in practice requires that clinicians, educators, and other service providers spot and respond to serious risks. Recognized risks should be reduced and potentially harmful events be prevented or managed over time through interventions and supports provided for the child. Not all children present such risks. In a case where diligent review is made and no risks are identified, this exam is deemed not applicable. Application of this indicator to a child being reviewed requires that:

1. The child/youth has been assessed and determined to present significant risks of harm or poor downstream outcomes.

2. Baseline information on the nature, frequency, and severity of the risk factors was taken and is being used for subsequent database comparisons to track the continued presence and possible reduction of risk factors over time.

3. Planned interventions have been delivered for at least the last 90 days or, more likely, over the past six months.

4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) be available for examination by the reviewer to use as a basis for rating this indicator.

The purpose of this review is to determine the degree of progress made in the reduction of risks that pose harm to this child. The reviewer should use the scale provided to report the degree of progress made in risk reduction and/or protective mitigation reported by informants and records in this case. The reviewer should examine change patterns over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple risks are being mitigated and tracked, the reviewer should focus on the targeted risks that pose the most adverse consequences to the child and others when rating this indicator. If risk reduction or mitigation interventions are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, tracking and adjustment, emergency/safety response, and effective results. This indicator does not apply to a child for whom no serious risk factors are being or have been targeted for intervention within the past six months.

Progress Probes for Review Use

1. Have one or more specific risk factors been targeted and mitigated for this child within the past six months? What are they?

2. Was specific baseline data collected on each targeted risk of harm at the time it was selected for intervention and mitigation? Is it available for review?

3. Have targeted and mitigated risks of harm been tracked via data collection over time for this child? With whom has this information been shared?

4. To what degree have targeted risk factors been reduced via planned intervention(s) over the past six months? How does the team use this knowledge?

Facts Used in Rating Status

Progress Review 1: Risk Reduction

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Risk Reduction. Excellent identification and mitigation** of detected risks over the past six months is evident in this case. Known risks have been and continue to be fully managed and the likelihood of near-term harm or poor downstream outcomes are being minimized for this child. **6** ☐

- **Good Risk Reduction. Good and consistent identification and mitigation** of known risks over the past six months is evident in this case. Commensurate responses (e.g., planned emergency response to a health condition) and mitigation efforts to address detected risks continue to be present at this time for this child. Known risks have been and continue to be generally well managed and the likelihood of harm or poor downstream outcomes is currently low. **5** ☐

- **Fair Risk Reduction. Minimally adequate to fair identification and mitigation** of known risks over the past six months is evident in this case. Responses (e.g., planned emergency response to a health condition) to detected risks appear to be minimally adequate at this time for this child. Known risks have been and continue to be minimally managed and the likelihood of harm or poor downstream outcomes is somewhat reduced. **4** ☐

- **Marginal Risk Reduction.** Identification and mitigation of risks over the past six months may have been **spotty, shallow, or inconsistent**, leading to a somewhat confusing risk management picture. Responses to identified or suspected risks may be off target or not well coordinated. Risks have been and may continue to be managed in a limited or inconsistent manner. Risks of harm or poor downstream outcomes continue to be present at a somewhat lowered level of probability. **3** ☐

- **Poor Risk Reduction.** Identification and/or mitigation of risk over the past six months may have been **poor**, e.g., incomplete, conflictual, or questionable. Responses to identified or suspected risks may have been delayed, misdirected, ineffective, or not coordinated. Risks have been misunderstood or may remain undetected. Thus, the likelihood of harm or poor downstream outcomes may remain present at a moderate-to-high level of probability. **2** ☐

- **Adverse Risk Reduction.** Identification and/or mitigation of risks over the past six months **has been and continues to be unacceptable or may be missing**. Responses to identified or suspected risks may have been and remain missing, contrary to good practice, ineffective, or not performed when needed. Risks of harm or poor outcomes for the child may be high and continuing to increase. **1** ☐

- **Not Applicable. No evidence of risk** was revealed after appropriate review of the child and circumstances. This review exam is deemed not applicable to this child at this time. **NA** ☐

Progress Review 2: Youth Progress Toward Independence

PROGRESS TOWARD INDEPENDENCE: • To what degree has the youth been making progress toward living safely and functioning successfully independent of agency services over the past six months? • To what degree is the youth demonstrating a developing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue after reaching the age of majority?

[This review applies to youth who are 15-21 years of age.] The goal of assisting a youth is to build the capacities necessary to live safely and to function successfully and independently following services. When these capacities are demonstrated and sustained over time, the need for outside supervision has passed. Indicators that the youth is building necessary capacities may include:

- Knowing and using key life skills in solving basic problems related to daily living.
- Taking control of one's needs, issues, and assets and have clear life plans for early adulthood.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Setting and achieving important life goals.
- Finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, child care.
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.

Once the youth has reached adulthood and when effective and sustainable support networks are in place, outside supervision can be safely faded and concluded.

Progress Probes for Review Use

1. Is the youth gaining proficiency in core independent living/life skills necessary for successful community living upon reaching adulthood?
2. Is the youth developing and maintaining sustainable, positive, long-term relationships with others?
3. Is the youth linking with informal supports and resources in the extended family, neighborhood, faith community, and larger community?
4. Is the youth gaining competence in learning, navigating, and relying upon community resources, his/her own social networks of people, his/her own problem-solving abilities, and knowledge of his/her living environment?
5. Is the youth progressing in his/her education, setting career goals, seeking and using employment opportunities, and progressing toward self-sufficiency?
6. Is the youth setting and achieving functional goals and achievable life plans for living independently upon attainment of adulthood?
7. Is the youth finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, child care)? Is the youth forming and relying on sustainable support networks that are independent of public agencies providing supervision and support?
8. Is the youth garnering a living wage, increasing opportunities for advancement, and developing a career path?
9. Is the youth seeking, securing, and sustaining permanent, affordable, and quality housing?
10. Is the youth making adequate progress toward independence, given the amount of time the youth has remaining under supervision or receiving support services?

Facts Used in Rating Status

Age of the Child or Youth:

- *How old is this child or youth? _____*
- *If this is a child or youth under age 15 years, then this review does not apply at this time.*

Progress Review 2: Youth Progress Toward Independence

Progress Probes for Review Use	Facts Used in Rating Status
11. Is progress towards independence at a level where supervision can be reduced? Supports faded? Case closed?	

Description and Rating of Current Progress

Description of the Status Situation Observed for the Youth — Rating Level

- **Optimal Progress.** The youth has been making making excellent progress over the past six months in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making excellent progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **6** ☐

- **Good Progress.** The youth has been making good and substantial progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making substantial progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **5** ☐

- **Fair Progress.** The youth has been making minimally adequate to fair progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making fair progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **4** ☐

- **Marginal Progress.** The youth has been making limited or inconsistent progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making limited progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **3** ☐

- **Poor Progress.** The youth has been making slow, inadequate progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is making little progress in: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **2** ☐

- **No Progress.** The youth has been making no progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achieveable future plans. As appropriate for older adolescents, the youth is now progressing toward: (1) garnering a living wage; (2) acquiring affordable, quality housing; and (3) finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. — **1** ☐

- **Not Applicable.** The child or youth is under age 15 years; therefore, this progress review does not apply. — **NA** ☐

Progress Review 3-A: Progress to Safe Case Closure (Birth Family)

BIRTH FAMILY PROGRESS TOWARD SAFE CASE CLOSURE: • To what degree is/are the birth parent(s) making progress toward meeting safe case closure requirements? • As necessary to reunify/preserve the family, to what degree have: (1) protective provisions necessary for keeping children safe been established and maintained within the home; (2) necessary parent behavior changes been made, demonstrated, and sustained; and (3) necessary and sustainable conditions and supports been established within the home and family situation (e.g., housing, child care, income, health care)?

[This review applies to parents with plans for family preservation or reunification.] The purpose of assisting birth parents is to build and demonstrate capacities necessary for the parent and children to live together safely and to function successfully as a family independent of agency intervention and oversight, following the conclusion of services. When these capacities are demonstrated and sustained over time, the need for outside supervision has passed; that is, requirements for safe case closure have been met. Indicators that the birth parent and family are building necessary capacities and making progress may include:

- Knowing and using key life skills in solving basic problems related to daily living and parenting of children.
- Taking control of one's needs, issues, and assets and have clear life plans for sustained parent and family functioning.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Setting and achieving important life goals (e.g,. recovery, sobriety, employment, non-violent adult relationships).
- Finding ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, child care).
- Establishing and maintaining trusting and supportive relationships among family members and key supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.
- Demonstrating sustained patterns of required behavioral changes necessary for adequate daily functioning and parenting.
- Establishing and maintaining protective provisions in the home and necessary supports for the family.

Once the parent(s) and family have demonstrated successful patterns of required behavioral change and sustained conditions within the home and family, outside supervision can be safely faded and concluded.

Progress Probes for Review Use

1. Is the birth parent demonstrating progress in acquiring, demonstrating, and sustaining required behavioral changes necessary for safe case closure? How is change being measured? How stable and sustainable are the changes?

2. Is the birth parent developing and maintaining sustainable, positive, long-term relationships with others?

3. Is the birth parent linking with informal supports and resources in the extended family, neighborhood, faith community, and larger community?

4. Is the birth parent gaining competence in learning, navigating, and relying upon community resources, his/her own social networks of people, his/her own problem-solving abilities, and knowledge of his/her living environment?

5. Is the birth parent finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, child care)? Is the parent forming and relying on sustainable support networks that are independent of public agencies providing supervision and support?

6. Is the birth parent garnering a living wage, increasing opportunities for advancement, and developing a career path? Is the parent seeking, securing, and sustaining permanent, affordable, and quality housing?

7. Is the scope and pace of change consistent with required timelines (ASFA)?

Facts Used in Rating Progress

Considerations for Assessing Progress toward Safe Case Closure:

What specific requirements were set as conditions for safe case closure for this parent and family?

- *What are the required behavior changes to be demonstrated and sustained by this parent and family?*
- *What are the protective provisions to be established within the home and family situation?*
- *What sustainable conditions and supports must be put into place for this home and family?*
- *What schedule has been set for this parent and family to meet safe case closure requirements?*
- *How and when are progress measurements being taken? What do such measures show?*
- *How will the parent, family, and team "know when they are done" in completing the change process?*

Progress Review 3-A: Progress to Safe Case Closure (Birth Family)

Progress Probes for Review Use	Facts Used in Rating Progress
8. Has progress toward safe case closure reached a level where supervision can be reduced? Supports faded? Case closed?	

Description and Rating of Recent Progress

Description of the Status Situation Observed for the Birth Parent(s) — Rating Level

- **Optimal Progress.** Fully consistent with requirements for safe case closure, the birth parent(s) has/have been making making excellent progress over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. The scope and pace of progress may be ahead of required timelines. — **6** ☐

- **Good Progress.** Substantially consistent with requirements for safe case closure, the birth parent(s) has/have been making making good and substantial progress over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. Progress may be consistent with required timelines. — **5** ☐

- **Fair Progress.** Somewhat consistent with requirements for safe case closure, the birth parent(s) has/have been making making minimally adequate to fair progress over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. Progress may be approaching required timelines. — **4** ☐

- **Marginal Progress.** Marginally consistent with requirements for safe case closure, the birth parent(s) has/have been making making limited or inconsistent progress over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. Progress may be behind required timelines. — **3** ☐

- **Poor Progress.** Inconsistent with requirements for safe case closure, the birth parent(s) has/have been making making poor progress over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. Progress may be scattered, substantially limited, and far behind required timelines. — **2** ☐

- **No Progress.** Contrary to requirements for safe case closure, the birth parent(s) has/have been making making no progress and possibly regressing/relapsing over the past six months in: (1) establishing and maintaining protective conditions in the home to keep children safe; (2) acquiring, demonstrating, and maintaining required behavior changes; and (3) finding successful and sustainable ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and child care), as necessary. Required timelines probably cannot be met. — **1** ☐

- **Not Applicable.** Parental rights have been terminated and no adoptive family has been identified or an alternative path to permanency will be pursued; therefore, this progress review does not apply. — **NA** ☐

Progress Review 3-B: Progress to Safe Case Closure (Adoptive Family)

ADOPTIVE FAMILY PROGRESS TOWARD SAFE CASE CLOSURE: • To what degree is the adoptive family making progress toward meeting safe case closure requirements? • As necessary to form/sustain a new family, to what degree has the family: (1) accepted new members and formed realistic expectations; (2) moved through family formation and adaptation stages with necessary adjustments made, demonstrated, and sustained; and (3) established sustainable conditions and supports within the home and family situation (e.g., child care, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation?

[This review applies to adoptive parents, kinship, or other caregivers who are assuming guardianship.] The purpose of assisting adoptive parents is to build a new family structure and to demonstrate capacities necessary for members of the new family to live together safely and to function successfully and independently of agency oversight, following the conclusion of services. When these capacities are demonstrated and sustained over time, the need for outside supervision has passed; that is, requirements for safe case closure have been met. Indicators that the adoptive family is building necessary capacities and making progress may include:

- Forming a new family structure, resolving expectations, making adjustments and commitments, and adapting to new care requirements.
- Sustaining the newly formed family through the predicable "crises" that often accompany adoption of foster children.
- Integrating the adoptive child's birth family, traditions, and culture into the new family's understandings, arrangements, and traditions.
- Understanding and supporting the special needs of the adoptive child within the home and family.
- Taking control of family needs, issues, and assets and having clear plans for sustained family formation and functioning.
- Linking, as needed, with informal supports and resources in the extended family, neighborhood, and community.
- Building social networks that create supports, linkages, and opportunities for meeting family needs via informal supports.
- Setting and achieving important goals for the new family, especially those related to family adjustment and sustainment of the adoption.
- Finding ways to meet special needs (e.g., subsidy, SSI, transportation, health care, child care, respite, crisis support, wraparound services).
- Establishing and maintaining trusting and supportive relationships among family members and key supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.
- Demonstrating sustained patterns of family member behaviors necessary for adequate daily family functioning and care of children.
- Establishing and maintaining any necessary protective provisions in the home (e.g., reliable safety or crisis plan).

Once the parent(s) and other family members have demonstrated successful patterns of necessary behaviors and sustained conditions within the home and family, outside supervision can be safely faded and concluded.

Progress Probes for Review Use

1. Is the adoptive family demonstrating progress in acquiring, demonstrating, and sustaining required behavioral patterns necessary for safe case closure? How is progress being measured? How stable and sustainable are changes?
2. Is the members of the adoptive family developing and maintaining sustainable, positive, long-term relationships with one another?
3. Is the adoptive parent linking with informal supports and resources in the extended family, neighborhood, faith community, and larger community?
4. Is the adoptive parent gaining competence in learning, navigating, and relying upon community resources, his/her own social networks of people, his/her own problem-solving abilities, and knowledge of his/her living environment?
5. Is the adoptive parent finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, respite, child care)? Is the parent forming and relying on sustainable support networks that are independent of public agencies providing supervision and support?
6. Is the scope and pace of change consistent with any required timelines (ASFA)?

Facts Used in Rating Progress

Considerations for Assessing Progress toward Safe Case Closure:

What specific requirements were set as conditions for safe case closure for this adoptive family?

- *What required behavior patterns are to be demonstrated and sustained?*
- *What sustainable conditions and supports must be put into place for this home and family?*
- *What protective provisions are to be established within the home and family situation?*
- *What schedule has been set for this parent and family to meet safe case closure requirements?*
- *How and when are progress measurements being taken? What do such measures show?*
- *How will family members "know when they are done" in completing the process?*

Progress Review 3-B: Progress to Safe Case Closure (Adoptive Family)

Progress Probes for Review Use	Facts Used in Rating Progress
7. Has progress toward safe case closure reached a level where supervision can be reduced? Supports faded? Case closed safely and successfully at this time?	

Description and Rating of Recent Progress

Description of the Status Situation Observed for the Adoptive Family — Rating Level

- **Optimal Progress.** Fully consistent with requirements for safe case closure, the adoptive family has been making making excellent progress over the past six months in: (1) accepting new members and forming realistic expectations; (2) moving through the stages of family formation and adaptation with necessary adjustments being made, demonstrated, and sustained; and (3) establishing sustainable conditions and supports within the home and family situation (e.g., child care, health care, respite, crisis support, in-home assistance) necessary to meet any special care requirements that the adoptive child presents in the home and family situation. The scope and pace of progress may be ahead of required timelines. — **6** ☐

- **Good Progress.** Substantially consistent with requirements for safe case closure, the adoptive family has been making making good and substantial progress over the past six months in: (1) accepting new members and forming realistic expectations; (2) moving through the stages of family formation and adaptation with necessary adjustments being made, demonstrated, and sustained; and (3) establishing sustainable conditions and supports within the home and family situation necessary to meet any special care requirements that the adoptive child presents in the home and family situation. Progress may be generally consistent with required timelines. — **5** ☐

- **Fair Progress.** Somewhat consistent with requirements for safe case closure, the adoptive family has been making making minimally adequate to fair progress over the past six months in: (1) accepting new members and forming realistic expectations; (2) moving through the stages of family formation and adaptation with necessary adjustments being made, demonstrated, and sustained; and (3) establishing sustainable conditions and supports within the home and family situation necessary to meet any special care requirements that the adoptive child presents in the home and family situation. Progress may be approaching required timelines. — **4** ☐

- **Marginal Progress.** Marginally consistent with requirements for safe case closure, the adoptive family has been making making limited or inconsistent progress over the past six months. Mild to moderate problems may be present in: (1) accepting new members and forming realistic expectations; (2) moving through the stages of family formation and adaptation with necessary adjustments being made, demonstrated, and sustained; and (3) establishing sustainable conditions and supports within the home and family situation necessary to meet any special care requirements that the adoptive child presents in the home and family situation. Progress may be behind required timelines. — **3** ☐

- **Poor Progress.** Inconsistent with requirements for safe case closure, the adoptive family has been making making limited or inconsistent progress over the past six months. Serious and continuing problems may be present in: (1) accepting new members and forming realistic expectations; (2) moving through the stages of family formation and adaptation with necessary adjustments being made, demonstrated, and sustained; and (3) establishing sustainable conditions and supports within the home and family situation necessary to meet any special care requirements that the adoptive child presents in the home and family situation. Progress may be scattered, substantially limited, and far behind required timelines. — **2** ☐

- **No Progress or Risk of Dissolution.** Contrary to requirements for safe case closure, the parent(s) has/have been making making no progress and possibly regressing/relapsing over the past six months. Extreme and possibly worsening problems may threaten dissolution of the adoption. — **1** ☐

- **Not Applicable.** Parental rights have been terminated and no adoptive or replacement family has been identified - OR - An alternative path to permanency will be pursued; therefore, this progress review does not apply. — **NA** ☐

Note on Assessing Performance on the Above Indicators

Performance, as measured in these indicators, focuses on the practice situation observed for the child over the past 90 days (three months). The focus is placed on the dominant pattern observed over this time period. In the unlikely event that the pattern has made a signifiant change within the 90-day period, the most recent performance situation should be reflected in the rating. The 90-day rule-of-thumb should be applied except when the wording within an indicator rating instructs the review to consider a different time period or when the child has received services for less than 90 days.

Section 6

Practice Performance

Service Review 1: Coordination & Leadership

COORDINATION & LEADERSHIP: To what degree is/are there: (1) A single point of coordination and leadership necessary for convening and facilitating an effective service team and decision process for this child and family? and (2) Effective coordination and continuity in the assessment, planning, organization, and provision of services to this child and family?

A **single point of coordination, integration, and leadership** is necessary to plan, implement, monitor, modify, and evaluate essential service functions and results for the family, regardless of the number of agencies involved. The single-point person may be referred to as the service coordinator, case manager, facilitator or team leader. A person on the service team may be assigned/designated the role of **service coordinator/team leader**. Regardless of the title, the person filling this role should have the **necessary skills** to perform essential functions for the family and the complexity of the case being reviewed. This person should have the **leadership authority to convene** parents, providers, and all funding agency representatives for purposes of planning, assembly of supports and services, monitoring implementation and results, and modifying supports and services. This person should be able to **facilitate the service team** on behalf of the family without conflicts of interest that may be associated with a particular agency or provider. The person's caseload size or work schedule should afford the **opportunity to adequately coordinate services** for this child and family. In a case where several agencies and providers are involved, **collaboration** is necessary to achieve and sustain a coordinated and effective service process. The central concern of this review is whether all necessary functions performed by service planners, providers, and the child and caregiver are organized and integrated to achieve the strategic goals of intervention and achieve the necessary conditions for safe case closure for this child and family. Effective service coordination requires the integration of concurrent interventions into a unified process involving a team approach to to plan and execute.

Determine from Informants, Plans, and Records

1. Is there a single point of coordination and leadership for service team planning and implementing the plan and for linking the public agencies, service providers, and voluntary resource persons involved in its implementation?

2. Do all service team members, including family members, have a common understanding of the plan and related ASFA requirements for permanency?

3. Where indicated, are supports and services being integrated and coordinated across all intervening agencies (e.g., child welfare, mental health, special education, juvenile justice) involved with this child and family? Can the service coordinator access and use flexible funding, as needed?

4. Are services, supports, and transitions being arranged and executed as necessary to keep the service planning process moving forward to permanency and safe case closure?

5. Is there a mechanism for identifying emerging problems and initiating appropriate responses and adjustments in the plan and service process?

6. Is there adequate communication so that all parties know the current status of the child and family?

7. Is the service coordinator competent to handle the complexities of this case?

Facts Used in Rating Performance

Coordination & Leadership includes:

- *Engaging the family as partners in practice.*
- *Following family-centered practice principles.*
- *Assessing and understanding the family situation.*
- *Convening the service team, as necessary.*
- *Planning team meeting activities.*
- *Facilitating the service team process.*
- *Coordinating services across providers, funding sources, and other intervening agencies.*
- *Identifying and reporting implementation problems to service team members.*
- *Keeping team members informed and involved in problem-solving efforts.*
- *Driving implementation of the service plan forward to permanency on a timely basis.*
- *Facilitating change processes for achieving safe case closure.*

Service Review 1: Coordination & Leadership

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
8. Does the service coordinator have sufficient leadership authority to press accountable parties to meet requirements and commitments of the service plan?	
9. Does the service coordinator and service team collectively share a sense of accountability for achieving desired results of this child/family's service plan?	

Description and Rating of Service System Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Service Coordination.** There is a highly effective single point of coordination and leadership for the child/family's team, supports, services, and results. The service coordinator (working in collaboration with the family and service team) fully demonstrates the skills, responsibility, and opportunity necessary to lead, plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services by achieving desired results for this child/family. Supports and services are fully integrated across settings and providers and are consistently timely, appropriate, effective, and satisfying to the child/family. Problem-solving efforts are excellent. — **6** ☐

- **Dependable, Effective Service Coordination.** There is a generally effective single point of coordination and leadership for the child/family's services and results. The service coordinator (working in collaboration with the child, family, and service team) usually demonstrates the necessary skills, responsibility, and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services by achieving desired results for this child/family. Services are generally integrated across settings and providers and are usually timely, appropriate, effective, and satisfying to the child/family. Problem-solving efforts are good. — **5** ☐

- **Fair Service Coordination.** There is a minimally adequate single point of coordination and leadership for the child/family's services and results. The service coordinator (working in collaboration with the child, family, and service team) minimally demonstrates the necessary skills and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services are minimally integrated across settings and providers and are sometimes timely, appropriate, and satisfying to the child/family. Problem-solving efforts in service coordination are minimally adequate to fair in this case. — **4** ☐

- **Marginal Service Coordination.** There is limited coordination of services with little leadership for service delivery and results. The service coordinator (possibly working independently of the child/family or in the absence of a service team) may lack the necessary skills or opportunity to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services may be somewhat fragmented across settings and providers. Breakdowns in services may occur occasionally. Problem-solving efforts may be limited or underpowered. — **3** ☐

- **Fragmented or Inconsistent Service Coordination.** There is a substantially inadequate coordination of services for this child/family. The service coordinator (working independently of the child/family or in the absence of a service team) may lack the necessary skills, responsibility, or opportunity to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services are substantially fragmented across settings. Breakdowns may be frequent and risks may not be adequately managed for the child/family. Problem-solving efforts are poor, inconsistent, or not in keeping with family-centered practice. — **2** ☐

- **Absent or Misdirected Service Coordination.** There is no single point of coordination and leadership for the child/family's services and results. Needed services may be absent or fragmented. The child/family may "get lost in the system" for periods of time, leaving them at elevated risk of harm or poor downstream outcomes. Problem-solving efforts are not in evidence or efforts made are inappropriate or adverse in effect. — **1** ☐

Service Review 2: Engagement of the Child & Family

ENGAGEMENT: To what degree: (1) Are interveners relying on a mutually beneficial partnership with the child and family that is sustaining their interest in and commitment to a change process? (2) Is the team using engagement strategies, including special accommodations with any difficult-to-reach family members, to increase family engagement and participation in the team process? (3) Are interveners building a trust-based working relationship with the child and family to support ongoing assessment, understanding, and service decisions?

In addition to providing treatment interventions for making change, effective human services are based on relationships formed between persons in need and others who help them meet those needs. Success in the provision of services often depends on the quality and durability of relationships between those receiving services and those providing the services. This means that active efforts must be undertaken by those involved in the provision of services to reach out to children and families, to engage them meaningfully in all aspects of the service process, to build and maintain rapport and trusting relationships that endure through the course of actions taken, and then to thoughtfully conclude when circumstances require change or conditions for safe case closure are achieved. Engagement strategies are intended to build a mutually beneficial partnership with the child and family that builds and sustains their interest in and commitment to an active treatment or change process until goals are achieved and needs are satisfied.

Engagement strategies used will vary according to the needs of the child and family, will reflect their language and cultural background, and, in some situations, will balance family-centered practice principles with use of protective authority. Best practice teaches that providers should: (1) Approach the family from a position of respect and cooperation. (2) Engage the family around concerns for the health, safety, and well-being of the child. (3) Focus on family strengths (e.g., culture, traditions, values, and lifestyles) as building blocks for services, with child and family needs as the catalyst for service delivery. (4) Help the family achieve a clear understanding of the needs and risk issues for the child and/or family. (5) Help the family define what it can do for itself and where the child and family need help. (6) Engage the child and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. It may be necessary for the team to change the meeting time, location, participation, and process to help a family participate. The central focus of this review is placed on the diligence shown by the team in taking actions necessary to engage and build rapport with children and families to overcome barriers to families' participation. Emphasis is placed on direct, ongoing, active involvement in core service functions: assessment, planning interventions and who the providers will be, monitoring, modifications, and evaluation. Allowance should be made when services are imposed by court order for the child or family rather than being voluntary and when co-occurring conditions may limit participation at points in time.

Determine from Informants, Plans, and Records

1. What outreach and engagement strategies are service providers using to build a working partnership with the child and family? Are special accommodations made as necessary to encourage and support participation and partnership?
2. How well engaged are the child and family in the service process at this time?
3. Do the child and family demonstrate enthusiasm about their interactions with service providers? Do they report being treated with dignity and respect? Do they have a trust-based working relationship with those providing services?
4. How are the child and family involved in the ongoing assessment of their needs, circumstances, and progress? Do the child and family routinely participate in the monitoring/modification of the plan and planned arrangements?
5. Is the planning and implementation process child/family-centered and responsive to this family's particular cultural values? Do the child and family routinely participate in the evaluation of the progress of the service planning process?

Facts Used in Rating Performance

NOTE:

Parent/Caregiver Status Review 2: Participation in Decisions and Parent/Caregiver Status Review 4: Service Perceptions may provide useful information to consider when rating Service Review 2: Engagement of the Child and Family. Remember that engagement focuses on the practice activities that lead to and support an active and effective partnership with the child and family. When these engagement activities are effective, parental participation and service perceptions should be positive.

The service coordinator/team leader should play a key role in active efforts to engage key family members in a mutually beneficial change process.

Service Review 2: Engagement of the Child & Family

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Engagement Efforts**. Team members, including the family, report that key family members and/or the child's substitute caregiver(s) are full, effective, and ongoing partners in all aspects of assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results. If age ten or older and capable, the child fully participates in planning goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. Excellent outreach efforts are used as necessary to engage difficult-to-reach family members, including scheduling time and location based on family convenience, support with transportation and child care, individualized problem solving, and time spent in whatever setting necessary to build the necessary relationship and rapport. The engagement efforts are made consistently and persistently over time.

6

☐ Child/Youth
☐ Parent/Caregiver

- **Good Engagement Efforts**. Team members, including family members, report and the plan shows that the team has a strong, respectful partnership with the family and that they actively work to make arrangements so that the family can be full participants. Team members and the family both report that the family is fully engaged and a satisfied member of the team. The team can identify many steps, strategies, and efforts that have been used to increase the family engagement and involvement that have been made overtime.

5

☐ Child/Youth
☐ Parent/Caregiver

- **Fair Engagement Efforts**. The team reports and the plan shows that some family members and/or the child's substitute caregiver(s) are usual, ongoing partners in basic aspects of assessment, planning services, making service arrangements, monitoring, and evaluating services and results. If age ten or older and capable, the child sometimes assists in planning goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. The family basically supports the change process unfolding for them. Some outreach efforts are used as necessary to engage difficult-to-reach families and that the plan shows a goal and efforts by the team to constructively engage the family.

4

☐ Child/Youth
☐ Parent/Caregiver

- **Marginal Engagement Efforts**. The team reports that some family members and/or the child's substitute caregiver(s) occasionally participate to a limited degree in service planning and annual evaluation activities. If age ten or older and capable, the child is allowed to participate in planning life goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. The child and family may report having a somewhat uncertain or possibly strained relationship with service providers. The family has not been interested either because of dissatisfaction with the system or other reasons. Limited or inadequate outreach efforts have been made in sporadic efforts to engage difficult-to-reach family members. The team members do not know why the family will not engage in the process or have made assumptions that may not be accurate of the actual situation.

3

☐ Child/Youth
☐ Parent/Caregiver

- **Poor Engagement Efforts**. The team reports that few family members and/or the child's substitute caregiver(s) ever participate even to a limited degree in service planning and annual evaluation activities. The child and family may report having a poor or possibly conflicted relationship with service providers. No efforts may have been made by the team to increase the engagement and participation of the family, though a team member may report that they have made efforts to establish rapport with at least some members of the family.

2

☐ Child/Youth
☐ Parent/Caregiver

- **No Engagement Efforts**. Service planning and decision-making activities are conducted at times and places or in ways that prevent effective child and family participation. Decisions are made without the knowledge or consent of the parents, the caregivers, or the child. Services may be denied because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information may not be provided to parents or caregivers. Procedural or legal safeguards may be violated.

1

☐ Child/Youth
☐ Parent/Caregiver

Service Review 3: Teamwork

TEAM FORMATION: To what degree: (1) Have the "right people" for this child and family formed a working team that meets, talks, and plans together? (2) Does the team have the skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background? TEAM FUNCTIONING: Two what degree: (1) Do members of the service team collectively function as a unified team in planning services and evaluating results? (2) Do actions of the service team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family?

This review focuses on the **structure and functional performance** of the service team in collaborative problem solving, providing effective services, and achieving positive results with the child and family. Parents/caregivers, professionals, paid service providers, and other friends and supporters from the family, school, or neighborhood may comprise a service/support team for the child and family. Broad team representation may be required to assure that a **necessary combination** of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act in behalf of funders and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/family. A **trained facilitator** may be used to guide the team process. Team functioning and decision-making processes should be consistent with the principles of family-centered practice and system of care operations. **Evidence of effective team functioning lies in its performance over time and in the results it achieves for the child and family.** The focus and fit of services, authenticity of relationships and commitments, unity of effort, dependability of service system performance, and connectedness of the child and family to critical resources all derive from the functioning of the service team. Present child status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the service team and should be taken into account when making this review.

Determine from Informants, Plans, and Records

1. Are parents/caregivers partners along with professionals, funders, and others in planning and guiding services? Are persons with similar backgrounds to the family members of the team? Which members did the family invite to participate? Does the family believe that these are the "right people" for them?

2. Is the family satisfied with the functioning of the team? Can the older youth or family request a team meeting at any time? Is a trained team facilitator used?

3. Does the team have a common conceptualization of the needs of the family? Do the goals and objectives set by the team reflect the values of the family?

4. Do team members commit and ensure dependable delivery of services and resources for the child/family? Are all members of the team kept fully informed of the status of the child and family the implementation of planned services?

5. Are service team decisions coherent in design with efforts unified across all service agencies involved with the child and family? Does the team have and use flexible funding, informal resources, and generic services as appropriate to planned safe case closure requirements, strategies, and activities?

6. Do service team actions and decisions reveal a pattern of consistent and effective problem solving for this child and family? What are the present results?

Facts Used in Rating Performance

Definition of a "Team:"

As used here, a "team" is a group of persons organized to work together with and for the child and family (a team includes family members). The service team is the primary unit responsible for service planning and decision making. Members of the team may be involved in the development and execution of multiple plans involving child welfare, mental health, special education, or other services for the child, caregiver, and/or family.

Unity of effort across interveners, constancy of purpose (e.g., safety, permanency, well-being, and meeting requirements for safe case closure), coherence in strategy selection and use, and success in problem solving are anchored in the effectiveness of the team process. These qualities are dependent on the composition, continuity, and functioning of the service team across time during the unfolding of a change process that is crafted and executed in partnership with the older youth and/or family.

Service Review 3: Teamwork

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family's Service Team	Rating Level
◆ **Optimal Team.** FORMATION: All of the "right people" for this child and family have formed an excellent working team that meets, talks, and plans together. The team has excellent skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the service team collectively function as a fully unified and consistent team in planning services and evaluating results. Actions of the service team fully reflect an excellent coherent pattern of effective teamwork and fully collaborative problem solving that optimally benefits the child and family.	**6** ☐ Formation ☐ Functioning
◆ **Good Team.** FORMATION: Most of the "right people" for this child and family have formed a good and dependable working team that meets, talks, and plans together. The team has good and necessary skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the service team generally function as a substantially unified and consistent team in planning services and evaluating results. Actions of the service team consistently reflect a substantially coherent pattern of effective teamwork and generally collaborative problem solving that generally benefits the child and family.	**5** ☐ Formation ☐ Functioning
◆ **Fair Team.** FORMATION: Some of the "right people" for this child and family have formed a minimally adequate to fair working team that meets, talks, and plans together. The team has minimally adequate to fair skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members of the service team may function as a somewhat unified and consistent team in planning services and evaluating results. Actions of the service team usually reflect a fairly coherent pattern of effective teamwork and somewhat collaborative problem solving that at least minimally benefits the child and family.	**4** ☐ Formation ☐ Functioning
◆ **Marginal Team.** FORMATION: Some of the "right people" for this child and family have formed a marginal working group that occasionally meets, talks, and plans together. The group has limited or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Members may function as a somewhat splintered and inconsistent group in planning services and evaluating results. Actions of the group usually reflect a somewhat incoherent pattern of teamwork and limited collaborative problem solving that seldom benefits the child and family.	**3** ☐ Formation ☐ Functioning
◆ **Poor Team.** FORMATION: Few if any of the "right people" for this child and family may seldom meet, talk, and plan together. Persons involved with the family may have few or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a child and family of this complexity and cultural background. FUNCTIONING: Persons may often function independently of the child/family and/or in isolation of other interveners in planning services and evaluating results. Actions reflect a infrequent or rare pattern of teamwork or collaborative problem solving. This situation may limit benefits for the child and family.	**2** ☐ Formation ☐ Functioning
◆ **Absent or Adverse Team. EITHER** there is no evidence of functional service team for this child and family with all interveners working independently and in isolation from one another. **- AND/OR -** The actions and decisions made by the group are inappropriate, adverse, and/or antithetical to the guiding principles of family-centered practice and system of care integration and coordination of services across agencies for the child and family.	**1** ☐ Formation ☐ Functioning

Service Review 4: Assessment & Understanding

UNDERSTANDING: To what degree: (1) Is the child and family's situation understood by the service team? (2) Is the relationship between the current situation and the child's bio/psycho/social functioning in daily activities understood? (3) Does the team have an understanding of family strengths/needs, risks, and underlying issues that must change for the child to function in normal daily settings and for the family to function successfully at home? (4) Is this understanding reflected in safe case closure requirements and selected change strategies?

As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the capabilities, needs, risks, underlying issues, and social ecology of the child and family. Once gathered, the information should be analyzed and synthesized to form a comprehensive therapeutic impression or "big picture understanding" of the child and family. This view includes the child's strengths, needs, risks, and daily functioning within the environmental context and current social support networks. Assessment techniques, both formal and informal, should be appropriate for the child's age, ability, culture, language or system of communication, and social ecology. New assessments should be performed promptly when planned goals are met, when emergent needs or problems arise, or when changes are necessary. New assessment findings should stimulate and direct modifications in strategies, services, and supports for the child and family. Recent monitoring and evaluation results should be used to update the big picture view of the child and family situation. Members of the child's service team (including family and other interveners), working together, should synthesize their assessment knowledge to form **a common big picture view** (or common clinical impression) that provides a shared working understanding of the child's situation and what must be done to reach end-goals. This provides a **common core of team intelligence** for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Maintaining a useful big picture understanding is a dynamic, ongoing process.

Determine from Informants, Plans, and Records

1. On what observations, data, assessments, or evaluations are they based? Are assessments appropriate for this child and family? Are assessments conducted in natural settings and everyday activities? What family strengths, needs, risks, and issues are used as the basis for end-goals and change strategies?

2. Do assessments cover the child's/parent's functional status and level of impairment? Are there indications of developmental delay or disability? If so, what is this child's expected developmental trajectory and academic attainment level?

3. Does the child/parent present learning problems affecting reading and academic performance? If so, has the child be assessed for learning disabilities or cognitive processing difficulties (e.g., receptive or expressive language, sensory integration, perceptual disabilities)? What are the implications of such problems for the selection of instructional interventions and learning?

4. Has this child/parent experienced earlier life traumas (e.g., physical or sexual abuse, severe neglect, separation/loss of parents/caregivers, domestic violence)? If so, at what developmental ages? Does the child/parent present problems of attachment or bonding? How does this affect the team's understanding of the child/parent and the interventions and supports that are necessary to successfully assist this child/parent now?

5. Are risks of harm assessed (e.g., suicidal/homicidal impulses; physically/sexually aggressive behavior; ability to maintain safety; risk of victimization, abuse, neglect, domestic violence; high risk behaviors; self-injurious behaviors)?

6. Are co-occurring conditions present in the child/parent (e.g., physical illness or disability; developmental disability; substance use or abuse; other psychiatric conditions; recent transient, stress-related, psychiatric symptoms)?

7. Are family strengths recognized? Are child and family stressors present (e.g., traumatic or enduring disturbing circumstances; recent life transitions; grief or losses of consequence; transient but serious illness or injury; expectations that create discomfort; danger or threat in daily settings; incarceration; foster home placement; extreme poverty; social isolation; culture/language barrier)?

Facts Used in Rating Performance

NOTE:

- *Remember that **team-shared understandings give rise to planned end-goals, change strategies, supports, and services** provided for a child and family. This information may be reflected in a variety of different agency planning documents as well as court plans/orders for some children and families.*

- ***End-goals for intervention and conditions set for safe case closure** define those demonstrated behaviors and conditions that must be present for the service team, including the child and parent/caregiver, to "know when they are done" with the service intervention process. **Goal-setting and selection of change strategies are products of team understanding to lead to service plans.***

- *Is there a **need for trauma-informed assessment** in this case for the child or parent? If so, has it been used to support understanding and selection of change strategies for intervention?*

- *Because **risk assessment** is limited in the disciplines that comprise "children's services," explore what risks are seen as present in this case by key informants to identify risks that should be assessed and addressed in the service intervention process.*

- *If the Child and Adolescent Level of Care Utilization Scale (CALOCUS) is used by DMH for a child having serious emotional/behavioral disorders, what are the CALOCUS findings for the child and what do the findings indicate about an **appropriate level of care** at this time?*

Service Review 4: Assessment & Understanding

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
8. How are the child's needs and problems linked to the child's daily functioning? Are family supports and school supports adequate for this child? Is the child resilient and responsive to treatment? How are family supports being used?	
9. What is the service team's big picture, common working understanding of this child and family? If members share different views of the child and family, what would it take for them to form a common vision for intervention purposes?	
10. Does the team understand what things have to change to reduce problems and achieve adequate daily functioning (i.e., change requirements and end-goals)?	

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Assessment and Understanding**. The child's bio/psycho/social/educational functioning and the parent's functioning and support system are comprehensively understood by the team. Knowledge necessary to understand the child and family's strengths, needs, and context is continuously updated and used to keep the big picture understanding current and comprehensive. Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood by the team. Necessary conditions for safe case closure are fully interpreted by the entire team and used to select effective change strategies. **6** ☐

- **Good Assessment and Understanding.** The child's bio/psycho/social/educational functioning and the parent's functioning and support system are generally understood by the team. Information necessary to understand the child and family's strengths, needs, and context is frequently updated and used to keep the big picture understanding fresh and useful. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood by the team. Necessary conditions for safe case closure are generally understood by the entire team and used to select promising change strategies. **5** ☐

- **Fair Assessment and Understanding.** The child's bio/psycho/social/educational functioning and the parent's functioning and support system are minimally understood by the team. Information necessary to understand the child and family's strengths, needs, and context is periodically updated and used to keep the big picture understanding fairly useful. Some strengths, risks, and underlying needs requiring intervention or supports are minimally recognized and understood by some team members. Necessary conditions for safe case closure are somewhat understood by some team members and used for some possible change strategies. **4** ☐

- **Marginal Assessment and Understanding.** The child's bio/psycho/social/educational functioning and the parent's functioning and support system are marginally understood by the team. Information necessary to understand the child and family's strengths, needs, and context is limited and occasionally updated. Present strengths, risks, and underlying needs requiring intervention or supports are partly understood on a limited or inconsistent basis by team members. Necessary changes in behavior or conditions are somewhat interpreted and expressed by a few key team team members. **3** ☐

- **Incomplete or Inconsistent Assessment and Understanding.** Knowledge of the child's bio/psycho/social/educational functioning and the parent's functioning and support system may be obsolete, erroneous, or inadequate. Information necessary to understand the child and family's strengths, needs, and context is poorly or inconsistently updated. Uncertainties exist about present conditions, risks, and underlying needs requiring intervention or support. Necessary changes in behavior or conditions may be confused or contradictory. Dynamic conditions may be present that could require a fundamental reassessment of the child's and family's situation. **2** ☐

- **Absent, Incorrect, or Adverse Assessment and Understanding.** Current assessments used for planned services are absent or incorrect. Some adverse associations between the current situation, the child's bio/psycho/social/educational functioning, and the parent's functioning and support system may have been made. Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the child to function adequately in normal daily settings. A new and complete assessment must be made and used now for this case to move forward. **1** ☐

Service Review 5: Safe Case Closure/Long-Term View

SAFE CASE CLOSURE: To what degree are there stated requirements for safe case closure that specify: (1) Protective provisions that must be present in the home to keep children and parents safe? (2) Behavioral patterns that be demonstrated and sustained by the parent? (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded?

How will the child, parent, and service team "know when they are done" with the service process? What protective provisions (e.g., removal of the sexual offender, after-school supervision of youth, restraining order for a batterer) must be in place before reunification of children to their family home? What specific behavior patterns and capacities (e.g., sobriety, infant care, age-appropriate discipline of children, protection of children from an abusive parent) must be demonstrated by the parent or caregiver to show that reliable care and supervision is commensurate with that required for the safety and care children in the home? What sustainable conditions must be present in the home and family situation (e.g., locks on cabinets to prevent poisoning of a toddler, adequate housing, daycare for a young child while mother is at work, sufficient income to meet basic needs)? **Specification of these conditions defines what must be done to achieve family preservation, reunification, or child adoption leading to permanency for the child and safe case case closure for the family.** Safe case closure details define what things must change; that is, the change requirements for the family.

This review focuses on the specification of the conditions that must be attained by the family within the goal home (birth or adoptive) to achieve permanency for the child and for the case to be closed with safety and confidence that necessary behaviors and conditions will be sustained following closure. Specification of conditions for safe case closure also applies to a youth in independent living who will be leaving the service system upon reaching the age of majority. Safe case closure details may be stated as the end-goals within service plans for the parent, child/youth, and/or family. Once these requirements are stated, finding ways and means to their achievement is the subject of planning. Planning efforts by the team helps in the selection of strategies for making changes and the actions necessary for carrying out the change strategies.

Determine from Informants, Plans, and Records

1. Has the service team, working in partnership with the family, defined safe case closure requirements, consistent with ASFA timelines?

2. Have necessary conditions for safe case closure (change requirements/end-goals) been specified in the plans and court orders? How well does the parent understand these conditions? What is the current change trajectory and prognosis for timely permanency for this child? Is there a concurrent plan that the team is using in the event that the parent is unable to meet the agreed-upon conditions for safe case closure? Does the concurrent plan provide appropriate conditions for safe case closure necessary for selection of prospective adoptive parents, especially for a child having special needs?

3. Where appropriate, is there a connection between conditions for safe case closure and an older youth's developmental and educational trajectory? Is there a guiding view for planning services and staging supports that provides for the youth's transition to independent living, new housing, and adequate income? Does it set change requirements or end-goals aimed at the child's success after making the transitions and life adjustments that will be necessary?

4. If the youth is age 14 years or older and is disabled, is there a planned trajectory that guides his/her transition for getting from school to work, to independent/supported living, and to any necessary adult services? What are the conditions necessary for safe case closure that have set for this youth and used in planning services? Will the youth's current trajectory likely lead to greater independence, social integration, and community participation?

Facts Used in Rating Performance

NOTE:

Necessary conditions for safe case closure define:

- *Specific behavior changes that the parent must demonstrate and sustain in caregiving, and*
- *Specific conditions in the home that must be established and maintained . . .*

in order for the child and parent to live together safely and successfully following intervention and supervision by the child welfare system.

Defining necessary conditions for safe case closure helps to frame a long-term view for planning intervention and change efforts undertaken by the family and service team. Such case closure conditions, once stated and achieved, provide a way for the family and their fellow team members to know when intervention efforts have been successful and may be concluded.

Service Review 5: Safe Case Closure/Long-term View

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Change Requirements.** Very well-reasoned safe case closure requirements precisely describe all: (1) Protective provisions that must be present in the home to keep children and parents safe. (2) Behavioral patterns that be demonstrated and sustained by the parent. (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded. These change requirements are precisely linked to the permanency goal for this child and family and to any concurrent plan that may have been created for the child. — **6** ☐

- **Good Change Requirements.** Generally well-reasoned safe case closure requirements substantially describe: (1) Protective provisions that must be present in the home to keep children and parents safe. (2) Behavioral patterns that be demonstrated and sustained by the parent. (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded. These change requirements are substantially linked to the permanency goal for this child and family and to any concurrent plan that may have been created for the child. — **5** ☐

- **Fair Change Requirements.** Fairly reasoned safe case closure requirements at least minimally describe some: (1) Protective provisions that must be present in the home to keep children and parents safe. (2) Behavioral patterns that be demonstrated and sustained by the parent. (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded. These change requirements are minimally linked to the permanency goal for this child and family and to any concurrent plan that may have been created for the child. — **4** ☐

- **Marginal Change Requirements.** Marginally reasoned safe case closure ideas may provide limited information about: (1) Protective provisions that must be present in the home to keep children and parents safe. (2) Behavioral patterns that be demonstrated and sustained by the parent. (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded. These change requirements may be somewhat related to the permanency goal for this child and family and to any concurrent plan that may have been created for the child. — **3** ☐

- **Poor Change Requirements.** Poorly reasoned intentions and ideas may vaguely offer information about: (1) Protective provisions that must be present in the home to keep children and parents safe. (2) Behavioral patterns that be demonstrated and sustained by the parent. (3) Sustainable conditions and supports that must be present and sustained in the home and family situation to preserve the family, reunify the family, or support the adoptive family so that external supervision may be safely concluded. These change requirements may not be related to the permanency goal for this child and family and to any concurrent plan that may have been created for the child. — **2** ☐

- **Absent, Ambiguous, or Adverse Change Requirements.** There is no common future planning direction that is accepted and used by service team members. The case trajectory is obscure or ambiguous and interveners may be working in isolation with divergent or conflicting intentions. Goals may not address permanency or other requirements that would applied to determine readiness for safe case closure. Conflicting goals and tacit expectations, if implemented, could lead to poor results or possible adverse consequences for the child or family. — **1** ☐

Service Review 6: Pathway to Permanency

PATHWAY TO PERMANENCY: To what degree: 1) Does everyone involved in the case clearly understand the permanency goal including any concurrent plan alternative, implications for the parent and child, and timelines set for permanency? 2) Are reasonable efforts being made to reunify the family, resolve any barriers to permanency, and inform the parents of assessed progress as well as consequences of not meeting necessary requirements on time?

A child removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. Birth parents and substitute caregivers should be made aware of the permanency goal, any concurrent plan for permanency, and ASFA timelines and their relevance to the case immediately. Reasonable efforts should be made to reunify the child his/her parents and concurrent planning should begin immediately when the prognosis for family preservation or reunification has been assessed and it is deemed unlikely that the child will remain at the home or be reunified. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. Parents, caretakers and youth (as appropriate) should be involved in the development of the permanency plan. For youth age 12 and older, the permanency plan should reflect the youth's wishes as well as the youth's needs for support and connection with caring adults. If the youth declines adoption, s/he should have an appropriate understanding and make a fully informed decision. Permanency is achieved when: 1) the child is living in a home that the child, Ps/Cs and other stakeholders believe will be the permanent placement and 2) conditions for safe case closure have been met.

Determine from Informants, Plans, and School Records

1. How do the social worker and other stakeholders integrate ASFA requirements into the management of the case? Is the child's permanency goal appropriate? How was the goal established (Court, Administrative Review, social worker)? Is everyone clear about what needs to be done to achieve permanency?
2. Do the biological parents have an understanding of ASFA timelines? Do the caregivers (foster parents, pre-adoptive parents) have an understanding of ASFA timelines and the consequences for not meeting those timelines?
3. To what extent has the child been prepared for his/her permanency goal (reunification, guardianship, adoption)?
4. To what extent has the caretaker been prepared to support the child's permanency goal: reunification with the parent, assumption of legal guardianship, or adoption?
5. Is there a concurrent plan that offers an alternative to reunification? Does the plan outline a process for achieving the alternative goal in a timely manner (to meet ASFA requirements)?
6. What reasonable efforts have been made to reunify the child in a timely manner (within 12 to 15 months) with his/her parent(s)? Has a diligent search been conducted to locate parents whose whereabouts are unknown? What reasonable efforts have been made to locate and place the child with a relative at the start of the case and throughout? (Consider father, paternal relatives.) What reasonable efforts have been made to achieve the child's permanency goal (guardianship, adoption) in a timely manner?
7. Is the child living in a home where legal permanency will be achieved?
8. Are there any barriers to guardianship or adoption? How are they being addressed?
9. Have efforts been made to therapeutically address any negative feelings about adoption?
10. What is the social worker's perception of the AAG and Courts movement/progress to permanency?

Facts Used in Rating Status

Service Review 6: Pathway to Permanency

Description and Rating of the Child's Current Status

Description of the Practice Situation Observed for the Child and Family — Rating Level

- **Optimal Understandings/Efforts.** UNDERSTANDINGS: Everyone involved in the case clearly and fully understands the permanency goal including any concurrent plan alternative, the full range of implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Excellent efforts are being made to reunify the family (as appropriate to the permanency goal), to immediately resolve any barriers to permanency, and to fully inform the parents and family members of currently assessed progress as well as all of the consequences of not meeting necessary requirements on time.

6
☐ Understandings
☐ Efforts

- **Good Understandings/Efforts**. UNDERSTANDINGS: Most persons involved in the case substantially understand the permanency goal including any concurrent plan alternative, a range of implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Good and substantial efforts are being made to reunify the family (as appropriate to the permanency goal), to promptly resolve any barriers to permanency, and to well inform the parents and family members of recently assessed progress as well as the general of the consequences of not meeting necessary requirements on time.

5
☐ Understandings
☐ Efforts

- **Fair Understandings/Efforts.** UNDERSTANDINGS: Some persons (including the family) involved in the case understand the permanency goal to a minimally adequate to fair degree including any concurrent plan alternative, some implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Minimally adequate to fair efforts are being made to reunify the family (as appropriate to the permanency goal), to resolve some barriers to permanency, and to inform the parents and family members about perceived progress as well as some possible consequences of not meeting necessary requirements on time.

4
☐ Understandings
☐ Efforts

- **Marginal Understandings/Efforts.** UNDERSTANDINGS: Some persons (including the family) involved in the case may have a limited understanding the permanency goal and any concurrent plan alternative, the real implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Marginal or inconsistent efforts are being made to reunify the family (as appropriate to the permanency goal), to resolve barriers to permanency, and to inform the parents and family members about their progress and the consequences of not meeting necessary requirements on time.

3
☐ Understandings
☐ Efforts

- **Poor Understandings/Efforts.** UNDERSTANDINGS: Important persons (including the family) involved in the case may not understand the permanency goal, any concurrent plan alternative, the major implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Insufficient or inconsistent efforts are being made to reunify the family (as appropriate to the permanency goal), to resolve barriers to permanency, and to inform the parents and family members about their progress and the consequences of not meeting necessary requirements on time.

2
☐ Understandings
☐ Efforts

- **Adverse Understandings/Efforts.** UNDERSTANDINGS: Important persons (including the family) involved in the case clearly misunderstand the permanency goal, any concurrent plan alternative, the major implications for/by the parent and child, and timelines set for permanency and their effects on later actions. REASONABLE EFFORTS: Either reasonable efforts are not being made or inappropriate/adverse actions, relative to path and pace of permanency, are evident in this case and could lead to foreseeable and preventable downstream problems for this child and family.

1
☐ Understandings
☐ Efforts

Service Review 7: Planning for Change

PLANNING: • Strategy: Is the team using one or more specifically planned strategies for each change to be made in the child/parent/family's behavior, condition, or situation? • Action: Is the team using planned actions, timelines, resources, and accountable persons for each of the change strategies used to help the child/parent/family meet conditions necessary for safety, permanency, well-being, and safe case closure?

The focus of this review is placed on the **ongoing planning processes used by the team to help the parent and child make successful life changes.** For each change to be made by the parent and/or child, one or more strategies are selected by the team to help the person to make the change necessary to achieve permanency and safe case closure. The team selects and then specifies the services, actions, resources, timelines, and persons who are accountable for helping in the change process in certain written agreements or plans made with the parent and child. Various agencies participating in and supporting a change process have their respective action agreements or plans. [CFSA has a family change plan aimed at safety, permanency, and well-being. The school has a plan for special education (IEP). Mental health (DMH) has child treatment and adult recovery plans. A given family may have multiple agreements.] **Planning is specific to each change strategy**. A safety strategy assigns certain persons in given settings to perform prescribed protective actions in response to a triggered risk event. A learning strategy provides instruction, reinforced practice, and performance demonstration of skill proficiency in an appropriate setting. A housing strategy provides an actor to assist the family in securing Section 8 housing by making application, securing deposits, and covering moving expenses. The expectation here is that the team involves representatives of all agencies that are supporting change efforts for the parent or child. **Each representative on the team will prepare whatever written agreements or plans required by the agency to support intervention and service efforts being funded by that agency.** The review focus is placed on linking strategies to actions (actors, timelines, resources), consistency achieved across actors and agencies, and goodness of fit of these interventions to the child and family situation. It is the vitality and intelligence of the planning process that is of essence here, not the elegance of the written service agreements created by participating agencies.

Determine from Informants, Plans, and Records

1. What are the specific change requirements and strategies for the parent and for the child? Which agencies are/should be involved with each of these strategies?

2. Has the service team planned the following for each change strategy:
   - The service actions to be provided to execute the change strategy?
   - The agency and persons who will be responsible these service actions?
   - The timelines to be followed in implementation and progress reporting?
   - The authorization of services and resources necessary for implementation?
   - A way of knowing whether the strategy is working or not working?
   - A measurement and timeline for determining accomplishment?

3. Has the responsible person for representing each agency on the team prepared and executed the necessary service agreement/plan with the family? How well are goals aligned across agencies and plans for this child and parent?

4. How well are strategies linked to specific actions for change? How well is coherence and consistency being achieved in the planning process? How well do the combination and sequence of strategies, services, and actions fit the child and family situation?

5. To what degree is daily practice actually driven by the service planning process? Does the planning process have a sense of urgency in working toward successful resolution and closure of the case?

Facts Used in Rating Performance

Remember that goals and plans of several agencies may have to be aligned via team planning. These goals and strategies may include those related to:

- *Early intervention to prevent or reduce developmental delays or disabilities of at-risk infants and toddlers;*
- *Specialized habilitation and treatment of persons experiencing serious physical and/or developmental disabilities;*
- *Safety, permanency, and well-being of children who have experienced maltreatment;*
- *Reduction of emotional/behavioral symptoms with concurrent improvements in coping skills, recovery, or improvement of daily functioning for persons with psychiatric/behavioral disorders;*
- *Safety or crisis response in special situations;*
- *Promoting lawful behavior of delinquent youth, payment of restitution, completion of community service, and avoidance of reoffending;*
- *Gaining and maintaining sobriety for persons whose substance use is debilitating;*
- *Educational achievement, school completion, and transition to work and adult services.*

Service Review 7: Planning for Change

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family — Rating Level

- **Optimal Planning.** STRATEGIES: The service team may be thoughtfully and precisely using one or more specifically planned strategies for each change to be made in the child/parent/family's behavior, condition, or situation. ACTIONS: The service team may be fully and continuously using planned actions, timelines, resources, and accountable persons for each of the change strategies to help the child/parent/family meet conditions necessary for safety, permanency, well-being, and safe case closure. Where necessary, strategies may be fully aligned and actions well-integrated across providers and funding sources. Daily practice is being fully driven by the team planning process, bringing a great sense of urgency to actions and efforts to achieve results.

6
☐ Strategies
☐ Actions

- **Good Planning.** STRATEGIES: The service team may be substantially using one or more generally planned strategies for each change to be made in the child/parent/family's behavior, condition, or situation. ACTIONS: The service team may be consistently using planned actions, timelines, resources, and accountable persons for each of the change strategies to help the child/parent/family meet conditions necessary for safety, permanency, well-being, and safe case closure. Where necessary, strategies may be generally aligned and actions integrated across providers and funding sources. Daily practice is being generally driven by the team planning process, bringing a good sense of urgency to actions and efforts to achieve results.

5
☐ Strategies
☐ Actions

- **Fair Planning.** STRATEGIES: The service team may be at least minimally using a planned strategy for each change to be made in the child/parent/family's behavior, condition, or situation. ACTIONS: The service team may be somewhat using planned actions, timelines, resources, and accountable persons for each of the change strategies to help the child/parent/family meet conditions necessary for safety, permanency, well-being, and safe case closure. Where necessary, strategies may be somewhat aligned and actions minimally integrated across providers and funding sources. Daily practice is being somewhat driven by the team planning process, bringing a minimal to fair sense of urgency to actions and efforts to achieve results.

4
☐ Strategies
☐ Actions

- **Marginal Planning.** STRATEGIES: The service team may be marginally using a planned strategy for some of the changes to be made in the child/parent/family's behavior, condition, or situation. ACTIONS: The service team may be inconsistently using planned actions, timelines, resources, and accountable persons in organizing the change process for the family. Strategies may be somewhat misaligned or actions marginally integrated across providers and funding sources. Daily practice is being inconsistently driven by the team planning process, bringing a limited and inconsistent sense of urgency to actions and efforts to achieve results.

3
☐ Strategies
☐ Actions

- **Poor Planning.** STRATEGIES: The service team may not be using a planned strategy for each of the changes to be made in the child/parent/family's behavior, condition, or situation. ACTIONS: The service team may not be using planned actions, timelines, resources, and accountable persons in organizing the change process for the family. Any strategies may be not aligned nor actions integrated across providers and funding sources. Daily practice is not being driven by the team planning process. A sense of urgency to actions and efforts to achieve results may not be evident in the planning process.

2
☐ Strategies
☐ Actions

- **Absent or Misdirected Planning.** STRATEGIES: Either the service team is not using planned strategies for the changes to be made or the strategies offered are inappropriate and could lead to adverse consequences. ACTIONS: Either the service team is not using planned actions, timelines, resources, and accountable persons in organizing the change process or the actions used are inappropriate or unwarranted.

1
☐ Strategies
☐ Actions

Service Review 8: Implementation

IMPLEMENTATION: • How well are the actions, timelines, and resources planned for each of the change strategies being implemented to help the: (1) parent/family meet conditions necessary for safety, permanency, and safe case closure and the (2) child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions? • To what degree is implementation timely, competent, and adequate in intensity and continuity?

The processes for implementing supports and services for the child and his/her parents/caregivers should meet the following conditions:

- The strategies, actions, and services planned for the parent/family and focus child are being implemented in a timely, competent, and dependable manner, consistent with family-centered practice and system of care principles.
- Actions, supports, and services linked to change strategies are being provided at a level of intensity and continuity necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning for the parent and focus child.
- Service providers (e.g., social workers, care staff, teachers, therapists, tutors, mentors) are receiving support and supervision necessary for adequate role performance in conducting the planned change strategies for the parent and child.

Accomplishment of these implementation processes should maximize chances for successful results while minimizing risks for the child and hardships for the child's parents/caregivers and family.

Determine from Informants, Plans, and Records

1. Are the supports and services in the child's service plans being implemented in a timely and competent manner? What do the informants, including members of the family say?
2. Is an adequate array of supports and services consistently provided at a level of intensity to get desired results? Are transition arrangements being made?
3. Are any urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child?
4. Are the service providers for the child and parents/caregivers receiving supports and supervision necessary for them to adequately perform the roles they play in conducting the planned change strategies and getting desired results?
5. Are supports and services being coordinated across shift staff within the placement with implementation problems quickly detected and timely adjustments made? Is experience gained used to refine implementation?
6. Is persistence in solving implementation problems evident? Is diligence in securing appropriate performance by providers and staff contributing to a successful pattern of supports and services for the child and his/her parents?
7. Are there any barriers to providing the planned intervention strategies and the related supports and services? If so, how are the barriers being removed?

Facts Used in Rating Performance

NOTE:

Remember that change strategies, supports, and services may be provided through a variety of plans offered by different agencies to the parent, family, and focus child. This review encompasses such plans having change strategies set for the parent, family, and focus child. Collectively, these plans have to do with safety (safety/crisis response, domestic violence intervention), permanency, parent functioning (parenting skills, sobriety), and child well-being (health, mental health, and education). Since all such plans should be integrated and coordinated via a team process, a broad view of intervention and implementation should be taken by the reviewer. This means that the review must interview team members and/or providers involved in the implementation of change strategies for the parent, family, and focus child.

If intervention or support services required to implement change strategies are not available, report the reasons given.

Service Review 8: Implementation

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Parent — Rating Level

- **Optimal Implementation.** An excellent pattern of intervention implementation shows that all planned strategies, supports, and services set forth in the plans for the parent, family, and focus child are fully and expertly implemented in a timely, competent, and consistent manner. High quality services are being provided at levels of intensity and continuity necessary to meet priority needs, manage risks, and yield desired results. Providers are receiving excellent support and supervision in the performance of their roles.

6
☐ Parent
☐ Child

- **Good Implementation.** A good and substantial pattern of intervention implementation shows that all important planned strategies, supports, and services set forth in the plans are well implemented in a timely, competent, and consistent manner. Good quality services are being provided at levels of intensity and continuity necessary to meet most priority needs, manage significant risks, and meet most intervention goals. Providers are receiving good support and supervision in the performance of their roles.

5
☐ Parent
☐ Child

- **Fair Implementation.** A fair pattern of intervention implementation shows that the strategies, supports, and services set forth in the plans are being implemented in a minimally timely, competent, and consistent manner. Fair quality services are being provided at levels of intensity and continuity necessary to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving minimally adequate support and supervision in the performance of their roles.

4
☐ Parent
☐ Child

- **Marginal Implementation.** A somewhat limited or inconsistent pattern of intervention implementation shows that most of the strategies, supports, and services set forth in the plans are being implemented but with minor problems in timeliness, competence, and/or consistency. Services of limited quality are being provided but at levels of intensity and continuity insufficient to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving limited or inconsistent support and supervision in the performance of their roles. Minor-to-moderate implementation problems are occurring.

3
☐ Parent
☐ Child

- **Poor Implementation.** A poor pattern of intervention implementation shows that many of the strategies, supports, and services set forth in the plans are not being implemented adequately. Services of poor quality are being provided at levels of intensity and continuity insufficient to meet many priority needs, manage key risks, or meet short-term intervention goals. Providers are receiving poor support and inadequate supervision in the performance of their roles. Continuing implementation problems of a significant nature are present.

2
☐ Parent
☐ Child

- **Absent or Adverse Implementation.** Intervention strategies, supports, and services are not being implemented in a timely, competent, and coordinated manner. **- OR -** Intervention may be implemented in an inappropriate or unsafe manner, leading to harmful conditions or adverse results. Providers are not receiving support in the performance of their roles. Serious and worsening implementation problems are ongoing and unaddressed.

1
☐ Parent
☐ Child

- **Not applicable.** This indicator is not applicable for the person at this time.

NA
☐ Parent
☐ Child

Service Review 9: Tracking and Adjustments

TRACKING/ADJUSTMENTS: To what degree: (1) Is the service coordinator and team tracking service implementation, child and parent progress, conditions necessary for safe case closure, risk reduction, and results? (2) Does the team evaluate service delivery, barriers, and progress? (3) Are strategies and services adjusted in response to progress made, changing needs, and knowledge gained via intervention to create a self-correcting change process?

What's working now for this child and family? Are intervention strategies working? Are desired service results being produced? What things need changing? An ongoing tracking and adjustment process should be used to monitor service implementation, check progress, identify emergent needs and problems, and modify strategies and services in a timely manner. Tracking and adjustments provide the "learning" and "change" processes that make the treatment process "smart" and, ultimately, effective for the child and parent/caregiver.

Intervention and support plans should be modified when goals are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The service coordinator, along with the service team for the child and family, should play a central role in tracking and adjusting planned treatment strategies, services, and supports. Members of the service team (including the child and parent/caregiver) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. The frequency and intensity of the tracking and adjustment process should reflect the pace, urgency, and complexity of child needs and case events. This learning and change process is necessary to find what works for the child and parent/caregiver. Learning what works is a continuing process. Getting successful results depends on a "smart" service process.

Determine from Informants, Plans, and Records

1. How often is the status of the child and family monitored/reviewed? How is treatment progress and the child's well-being monitored by the service coordinator and team (e.g., face-to-face contacts, telephone contact, and meetings with the family, child, service providers; reviewing reports from providers)?

2. How is implementation of treatment and service processes being tracked? Is progress or lack of progress being identified and noted?

3. Are detected problems being reported and addressed promptly?

4. Are identified needs and problems being acted on and mediated, as needed?

5. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results?

6. Are the plans and intervention strategies modified as failures are detected or goals are met? Is the process modified if no progress is observed?

7. Is the plans updated as goals are met? Are plans modified if no progress is observed? If not, why not? How does the service coordinator, service team, and court update and modify the intervention plans/Court Plan? Is mediation ever used to solve conflicts and problems of implementation?

Facts Used in Rating Performance

NOTE:

COURT INVOLVEMENT: In cases having court involvement, include consideration of the court and its role in monitoring and adjusting ordered interventions and requirements.

USE OF MEDIATION: Where used, consider the role of mediation in the resolution of conflict arising between parties involved in the planning, monitoring, and adjustment of interventions, supports, services, and behavioral requirements set for children and/or parents/caregivers.

Service Review 9: Tracking and Adjustments

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family	Rating Level
◆ **Optimal Tracking and Adjustment.** Continuous or highly frequent monitoring, tracking, and communication of service implementation, child and parent progress, risk reduction, conditions necessary for safe case closure, and results are being conducted by the service coordinator and team. Where evidence-based strategies are being used, the team rountinely evaluates treatment fidelity, barriers, and progress. The service coordinator and team show an excellent pattern of adjusting strategies and services in response to progress made, changing needs, and knowledge gained via intervention to create a self-correcting change process. Timely and smart adjustments are rountinely being made. Highly successful adjustments are based on a rich knowledge of what things are working and not working for the child and family.	**6** ☐
◆ **Good Tracking and Adjustments.** Substantial ongoing monitoring (consistent with case dynamics), tracking, and communication of service implementation, child and parent progress, risk reduction, conditions necessary for safe case closure, and results are being conducted by the service coordinator and team. Where evidence-based strategies are being used, the team periodically evaluates treatment fidelity, barriers, and progress. The service coordinator and team show a good and consistent pattern of adjusting strategies and services in response to progress made, changing needs, and knowledge gained via intervention to create a self-correcting change process. Timely and smart adjustments are usually being made. Generally successful adjustments are based on working knowledge of what things are working and not working.	**5** ☐
◆ **Fair Tracking and Adjustment.** Minimally adequate to fair tracking and communication of service implementation, child and parent progress, risk reduction, conditions necessary for safe case closure, and results are being conducted by the service coordinator and team. Where evidence-based strategies are being used, the team may occassionally evaluate treatment fidelity, barriers, and progress. The service coordinator and team show a minimal to fair pattern of adjusting strategies and services in response to progress made, changing needs, and knowledge gained via intervention to create a somewhat self-correcting change process. Some successful adjustments are based on working knowledge of what things are working and not working.	**4** ☐
◆ **Marginal Tracking and Adjustment.** Limited or inconsistent tracking and communication are being conducted by the service coordinator and team. The service coordinator and team show a marginal pattern of situational awareness and implementation adjustments. Limited or inconsistent adaptations may be based on isolated facts or limited information about what is happening to the child and family. Mild-to-moderate problems of implementation or effectiveness may be present.	**3** ☐
◆ **Poor Tracking and Adjustment.** Poor tracking and communication are being conducted by the service coordinator and team. The service coordinator and team show a failing pattern of situational awareness and adjustment. Few, if any, sensible modifications are being made. Serious ongoing problems may continue unresolved.	**2** ☐
◆ **Absent, Nonoperative, or Misdirected Tracking and Adjustment.** No monitoring or communications may occur and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Strategies, supports, and services may have become non-responsive to the current needs of the child and family. The service process may be "out of control." Serious and worsening problems of implementation or effectiveness persist without adequate attention or effective resolution.	**1** ☐

Service Review 10: Cultural Accommodations

CULTURAL ACCOMMODATIONS: • Are any significant cultural issues of the child and family being identified and addressed in practice? • Are the supports and services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Children's service systems serve an increasing proportion of children and families from underserved minority populations. If such systems are to effectively serve these children and their families, the impact of culture and cultural difference must be recognized and accommodated. Cultural accommodations enable practitioners to serve individuals of diverse cultural backgrounds effectively. Such accommodations include valuing cultural diversity, understanding how it impacts on normal functioning and problems during the course of disease/disorder, and adapting service processes to meet the needs of culturally diverse children and their families. Properly applied in practice, cultural accommodations reduce the likelihood that matters of language, culture, custom, or belief will prevent or reduce the effectiveness of treatment efforts. The focus of this examination is placed on the child and family in which significant cultural issues are present in the case that must be understood and accommodated in order for desired treatment results to be achieved. This examination does not apply in a case in which matters of family language, culture, custom, or belief are not potential barriers or present impediments in the attainment of desired treatment results. Careful judgment of the reviewer is required in distinguishing the case in which this exam applies. The reviewer does not have to be of the same culture as the family but does have to have necessary language skills or interpreter assistance when communicating with the family in making a determination.

Determine from Informants, Plans, and Records

1. Are the child and family's cultural identities and related needs identified?

2. Are assessments performed appropriate for the child's background?

3. Do the service providers respect family beliefs and customs?

4. Is the service provider of the same cultural background as this family or does the service provider have adequate knowledge of cultural issues relevant to service delivery for this child and family?

5. If the child or parent/caregiver has a primary language that is other than English, are translator services provided?

6. Has the service team explored natural, cultural, or community supports appropriate for this child and family?

7. Specific cultural issues identified and addressed in this case are:

   ☐ None
   ☐ Racial:_____
   ☐ Ethnic:_____
   ☐ Religious:_____
   ☐ Other:_____

8. Are cultural differences impeding working relationships or service results with this child and family? What do they say?

9. If necessary, is the facility able to decide when the rights and preferences of an individual will be limited by the rights and preferences of other individuals in the setting?

Facts Used in Rating Performance

Domains of Cultural Competence are:

- *Values and attitudes that promote mutual respect.*
- *Communication styles that show sensitivity.*
- *Community/consumer participation in developing policies, practices, and interventions that build on cultural understandings.*
- *Physical environment including settings, materials, and resources that are culturally and linguistically responsive.*
- *Policies and procedures that incorporate cultural/linguistic principles and multicultural practices.*
- *Population-based clinical practice that avoids misapplication of scientific knowledge and stereotyping groups.*
- *Training and professional development in culturally competent practice.*

Reviewers should consider the requirements of the federal MEPA and the ICWA, as appropriate, to the case under review.

Service Review 10: Cultural Accommodations

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Family — Rating Level

- **Optimal Cultural Understandings and Accommodations.** The child and family's cultural identity is recognized and well understood, and services are tailored to meet related needs. Family cultural beliefs and customs are fully respected and well accommodated in service processes. All assessments are culturally appropriate and limitations or potential cultural biases are recognized. Service providers are fully knowledgeable about issues related to the child's identified culture and shape treatment planning and delivery appropriately. Other natural community helpers important to the child's culture are included in service planning and delivery. If needed, translation services are provided in a culturally appropriate manner. — **6** ☐

- **Good Cultural Understandings and Accommodations.** The child and family's cultural identity is recognized and services generally address related needs. Family cultural beliefs and customs are generally respected and taken into consideration for planning services. Most assessments are culturally appropriate and limitations or potential cultural bias is recognized. Service providers attempt to gain knowledge about issues related to the child's identified culture and arrange for knowledgeable supervision for treatment planning and service delivery. Other natural community helpers important to the child's culture are acknowledged and information is obtained from them. If needed, translation services are available. — **5** ☐

- **Fair Cultural Understandings and Accommodations.** The child's cultural identity is recognized and the provider acknowledges this in the assessment, treatment planning, and service delivery process. Family cultural beliefs and customs are usually acknowledged and services are planned in an effort to avoid violations. For example, the provider might acknowledge other natural community helpers important to the child's culture and works with the child and family to integrate those supports. If needed, translation services are available most of the time. — **4** ☐

- **Marginal Cultural Understandings and Accommodations.** The child's cultural identity is recognized and the provider acknowledges that assessment, treatment planning, or services are **not** a good fit but is seeking to improve these processes for this child and family. There may be evidence of cultural accommodations by this behavioral health provider/agency in some cases, although it is limited or inconsistent for this child. Family cultural beliefs and customs are not viewed as relevant to the assessment, treatment planning, or service delivery process. If needed, translation services are only sporadically available. — **3** ☐

- **Poor Cultural Understandings and Accommodations.** The child's cultural identity is not recognized in the service process. Inappropriate assessment, treatment planning, or service delivery processes ignore child or family cultural beliefs and customs. If needed, translation services may be limited or difficult to secure through the behavioral health system. Few, if any, provisions are made for cultural accommodations. — **2** ☐

- **Adverse Cultural Understandings and Accommodations.** There is no evidence of cultural recognition or accommodation by behavioral health service providers in this case. The child and family's cultural identity may be treated with disrespect and their customs and beliefs may be ignored or treated as irrelevant. Inappropriate assessment, treatment planning, or service delivery processes ignore or violate child or family cultural beliefs and customs. If needed, translation services are not provided by the behavioral health system. — **1** ☐

- **Not Applicable.** The child is not of minority racial or ethnic background. **- OR -** The child/family does not identify any cultural issues or needs relevant for service system performance. **- OR -** The child/family has not needed or attempted to obtain any behavioral health services in the past six months. — **NA** ☐

Service Review 11: Resource Availability

RESOURCE AVAILABILITY: To what degree are the supports, services, and other resources (both informal and formal) to implement planned change strategies available as necessary (i.e., timeliness, fit to the situation and change strategy used, intensity, duration, location) for use by the: (1) focus child, (2) the parent, and (3) the family in meeting change requirements and conditions for safe case closure?

An adequate array of informal and formal supports and services is necessary to implement intervention and support strategies for the focus child, parent, and family. To respond to unique needs, supports may have to be created or assembled in special arrangements. Such unique and flexible support arrangements "wrap" services* around a special need child in his/her home or school setting so as to avoid placement in more restrictive settings away from home and school. Some services may be allocated by units (e.g., six units of therapy) while others may be placement-based (e.g., residential treatment). Supports can range from volunteer reading tutors to after-school supervision, adult mentors, recreational activities, and supported employment. Supports may be voluntarily provided by friends, neighbors, and churches or purchased from provider organizations. Professional treatment services may be donated, offered through health care plans, or funded by government agencies. A combination of supports and services may be necessary to support and assist the child, parent, and family. For interveners to exercise professional judgment and for the family to exercise choice in the selection of intervention/change services and supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially or therapeutically appropriate options that are readily accessible, have power to produce desired changes, be available for use as needed, and be culturally compatible with the needs and values of the family. An adequate array of services includes social, health, mental health, educational, vocational, recreational, housing, income maintenance, and organizational services, such as service coordination. An adequate array spans supports and services from all sources that may be needed by the focus child, parent, and family unit. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased only when necessary to supplement rather than supplant readily available supports and services of a satisfactory nature. Unavailable resources should be systematically identified to enable the network to meet the need.

Determine from Informants, Plans, and Records

1. Is each change strategy set for the focus child, parent, and family matched with the resources necessary for its accomplishment? Are resources matched to change strategies addressed in various agency's plans? Are these resources available as needed by the child, parent, and family to meet change requirements on schedule?
2. Have informal supports been developed or uncovered and used at home and in the community as a part of the service process? Are these provided within the family's home and community-based, as needed?
3. To what extent are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports for this family?
4. Is each support provided socially and culturally appropriate for the family?
5. Is the service team taking steps to locate or develop or advocate for previously unknown or undeveloped resources?
6. Did members of the family's service team have appropriate service options from which to choose when recommending professional services?
7. Did the family have appropriate and preferred options from which to choose when selecting supports and services?
8. Is each intervention service therapeutically appropriate for the child and family?
9. Is each service and support readily accessible when needed? If not, what is missing?
10. Were any of the supports and services tailor-made or assembled uniquely for this child or family? Are they sustainable as needed over time?
11. Is the combination of informal and formal supports and services being used sufficient for the child, parent, and family to meet set change requirements?

Facts Used in Rating Performance

**NOTE:*

Use of unique, flexible, multiple service arrangements may be necessary to prevent placement by increasing the range and intensity of services in a child's home or school - OR - to return a child from residential treatment to his/her home and school successfully. Such use may require blending of funding across sources and bending of agency traditions that would limit or prevent success in individual case situations.

If a placement is being used or continued when a unique, flexible service arrangement (i.e., "wraparound") would likely be successful in keeping a child in home and school or in returning a child to home and school, then availability of flexible, wraparound resources may be inadequate to meet the child's current needs.

Because mulitple plans may be used to meet change requirements set for the focus child, the parent, and the family unit, the review process extends to all plans that have set change requirements for the focus child (e.g., service plan), the parent (e.g., MH treatment plan), and the family unit (e.g., housing, income maintenance, health plan).

Service Review 11: Resource Availability

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child, Parent, and Family — Rating Level

- **Optimal Resource Availability.** An excellent array of high quality supports, services, and other resources (both informal and formal) to implement planned change strategies are fully and continuously available as necessary (i.e., always timely; excellent fit to the situation and change strategy used; fully sufficient in intensity, duration, and dependability; in fully convenient, accessible locations) for use by the: (1) focus child, (2) the parent, and (3) the family unit in meeting change requirements and conditions for safe case closure. The array provides a wide range of options for use of professional judgment about appropriate interventions and for family choices of providers.

  6
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Good Resource Availability.** A substantial array of good quality supports, services, and other resources (both informal and formal) to implement planned change strategies are generally available as necessary (i.e., usually timely; good fit to the situation and change strategy used; generally sufficient in intensity, duration, and dependability; in generally convenient, accessible locations) for use by the: (1) focus child, (2) the parent, and (3) the family unit in meeting change requirements and conditions for safe case closure. The array provides a good range of options for use of professional judgment about appropriate interventions and for family choices of providers.

  5
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Fair Resource Availability.** A minimally adequate array of fair quality supports, services, and other resources (both informal and formal) to implement planned change strategies are minimally available as necessary (i.e., sometimes timely; fair fit to the situation and change strategy used; minimally sufficient in intensity, duration, and dependability; in fairly convenient, accessible locations) for use by the: (1) focus child, (2) the parent, and (3) the family unit in meeting change requirements and conditions for safe case closure. The array provides minimally adequate options for use of professional judgment about interventions and some family choices of providers.

  4
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Marginal Resource Availability.** A limited or inconsistent array of supports, services, and other resources (both informal and formal) to implement planned change strategies are marginally available (i.e., sometimes delayed; limited in fitting the situation and change strategy used; limited or inconsistent in intensity, duration, and dependability; sometimes inconvenient or inaccessible locations) for use by the: (1) focus child, (2) the parent, and (3) the family unit, thus, limiting the attainment of change requirements and conditions for safe case closure. The array provides few options for use of professional judgment about interventions or family choices of providers.

  3
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Poor Resource Availability.** Only scattered, inconsistent, or inadequate supports, services, and other resources (both informal and formal) to implement planned change strategies are available (i.e., often delayed or missing; poor fit to the situation and change strategy used; inadequate in intensity, duration, or dependability; often in inconvenient or inaccessible locations) for use by the: (1) focus child, (2) the parent, and (3) the family unit, thus, limiting or preventing the attainment of change requirements and conditions for safe case closure. No options for use of professional judgment about interventions or family choices of providers may exist.

  2
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Absent or Adverse Resource Availability.** Few, if any, supports and services are provided at this time. They may not fit the actual needs of the family well and may not be dependable over time. Some services of poor quality or inappropriate fit may be causing unintended problems or adverse effects. Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a "take it or leave it" basis. The family may be dissatisfied with or refuse services, and results may present a potential safety risk to the focus child, parent, or family unit. The service team may be powerless to alter the service availability situation or the child and family may lack a functioning service team.

  1
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

- **Not Applicable.** Service resources directed under a plan for change for the focus child or parent or family may not be required at this time.

  NA
  ☐ a. Focus Child
  ☐ b. Parent
  ☐ c. Family Unit

Service Review 12: Support & Safety Connections

SUPPORT/SAFETY CONNECTIONS: • Is the caregiver receiving assistance and supports necessary to perform essential parenting functions reliably for the children? • Where applicable, is the older youth receiving the assistance support necessary to plan for and care for him/herself? • Is the family/youth* being purposefully connected to informal supports that will assist them in achieving safety, permanency, well-being and safe case closure?

Caregivers are persons who provide parenting, assistance, supervision, and physical care for children in the home. Children with challenging physical/emotional/behavioral needs place much greater demands on the skills of a caregiver and resources of the home than do other children. Caregivers reared in unhealthy families, ones with abusive situations, or a reliance on excessive physical discipline, or high criticism/low warmth interactions, require more support and guidance than caregivers who had more positive childhood experiences. Caregivers and older youth who are currently isolated from a social network of support or have a weak network as a result of such things as excessive mobility, family disputes, caregiver anxieties, poor transportation, substance addictions, etc, require assistance in making the connections to people, places, and activities that can help them develop or strengthen a network of informal support that will sustain their efforts to become independent of formal supervision. A caring adult who has a significant and enduring relationship with the children is necessary for the well-being of the children. Such an adult may reside in the home or live nearby, but sees the children often.

Determine from Informants, Plans, and Records

1. Do caregiver supports appear to be needed for this family/youth?
2. Is there an unconditionally caring adult for the children and youth? How were they identified and engaged in the process? What role do they play in the family/youth?
3. Have near-by extended family members been contacted and re-connected with the family/youth?
4. Have families been introduced to neighbors?
5. Have caregivers been introduced to appropriate mutual support groups in community (e. g., Parents of newborns, Parents Anonymous, Alcoholics Anonymous, Male Involvement Groups, etc.)
6. Are caregivers being actively engaged in neighborhood and community educational and recreational activities ? How are they being engaged?
7. Are families being assisted to participate, as families, in community activities? How are they being assisted?
8. Given these connections and supports, is the caregiver able to meet the needs of the children?
9. Given these connections, has the family been able to expand/strengthen its circle of support?
10. Will the expanded circle of support be able to help the family achieve/sustain the conditions necessary for safe case closure?
11. Have formal services/supports been able to be reduced or withdrawn as a result of the informal supports being provided to the family/youth?
12. Does the caregiver report that current supports are adequate, dependable, and truly supportive of the caregiver/youth in meeting important needs within the home and family situation?

Facts Used in Rating Performance

** Note:*

An older youth having a permanency goal of independent living will require safety and support connections in his/her passage into adulthood. Therefore, many of these same concerns apply to an older youth.

Service Review 12: Support & Safety Connections

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
13. Is the caregiver and/or older youth pleased with its expanded circle of support, the connections being made with support groups, activities, etc? 14. Is the caregiver and/or older youth becoming dependent on the formal service provided?	

Description and Rating of Support Network Performance

Description of the System Performance Situation Observed for the Family — Rating Level

- **Optimal Caregiver Supports.** The family and/or older youth is receiving an excellent level of assistance and support necessary for the family to maintain the safety and stability of the home. The caregiver and/or older youth has been able to expand the support network by being connected to informal network supports to provide a safety net for the family. The family and/or older youth has a capable support network that includes extended family, neighbors, and available resources to maintain safety and stability. — **6** ☐

- **Substantially Acceptable Caregiver Supports.** The family and/or older youth is receiving a substantial level of assistance and support necessary for the family to maintain the safety and stability of the home. The caregiver and/or older youth has been some what able to expand the support network connected to informal network supports to provide a safety net for the family. The family and/or older youth has an adequate support network that includes extended family and neighbors. — **5** ☐

- **Minimally Acceptable Caregiver Supports.** The family and/or older youth is receiving a minimally adequate level of assistance and support necessary for the family to maintain the safety and stability of the home. The caregiver is being connected to informal network supports to provide a safety net for the family. The family is developing a support network that includes extended family and neighbors. — **4** ☐

- **Partially Unacceptable Caregiver Supports.** The family and/or older youth is receiving a partially unacceptable level of assistance and support necessary for the family to maintain the safety and stability of the home. The caregiver and/or older youth has not been connected to informal network supports to provide a safety net for the family and caregiver is unable to expand the network. The family and/or older youth does not have an adequate support network beyond extended family. — **3** ☐

- **Substantially Unacceptable Caregiver Supports.** The caregiver and/or older youth is receiving a substantially unacceptable level of assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the children and maintain the safety and stability of the home. The caregiver and/or older youth has not been connected to informal network supports to provide a safety net for the family and caregiver is unable to expand the network. There is no extended family to provide support. — **2** ☐

- **Completely Unacceptable Caregiver Supports.** The caregiver and/or older youth is receiving a woefully inadequate level of assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the children and to maintain the safety and stability of the home. The caregiver and/or older youth has not been connected to informal network supports to provide a safety net for the family and caregiver is unable to expand the network. There is no extended family to provide support. — **1** ☐

Service Review 13: Family Court Interface

FAMILY COURT INTERFACE: • Is there effective coordination between casework and legal staff in achieving appropriate legal outcomes in this case? Are petitions and motions filed in a timely manner with hearings conducted on schedule in this case? • Are the P/C and child receiving adequate legal representation? • Is the judge holding all parties accountable for following orders? • Has the judge achieved reasonable balance, flexibility and enforcing actions to permanency of children? • Are court orders clear to all, with parties receiving copies in a timely manner?

The Family Court plays a key role in relation to the achievement of timely outcomes for a child and family brought before the court. For the Family Court to act in the child's best interests, it is essential that when a case comes to court, all parties are prepared to present their client's circumstances and preferences. There should be clearly articulated legal and clinical judgments of the best interest of the child. The Ps/Cs and children should be represented by well-trained legal professionals who are familiar with the requirements and timeframes of the DC Code and ASFA requirements. The Assistant Attorney General (AAG) and Child and Family Services Agency (CFSA) request and/or argue for court rulings that will result in the best possible outcomes for the child. The judge needs the full range of information about the child and family's circumstances, progress, and issues in order to make optimal rulings, without delay, that will keep the child safe and result in permanency as quickly as possible. The judge should have current knowledge of the relevant statutory provisions and case law that apply to the child and family situation. The agency and AAG should follow court orders or appeal them when staff does not believe the orders to be in the best interests of the child or when there is a legal basis for challenge.

Determine from Informants, Plans, and Records

1. Was the court process explained to the family so they can make informed decisions?
   - Do they understand steps in the court process (e.g., timeframes, permanency)?
   - Do the Ps/Cs and child (when applicable) understand the behavioral changes they must make to meet requirements?
   - Do they understand the possible consequences of not meeting the court requirements?
2. Are the child , family, and Ps/Cs understanding of and involved in the court process?
   - Have their concerns been heard and adequately addressed?
   - Do they feel that they are part of the decision-making process?
   - Are the Ps/Cs supported to collaborate in legal case planning with attorneys?
   - Are decisions made primarily by professionals (via discussions in chambers) or discussions conducted with all parties involved?
   - Do all parties receive timely notice and information to attend hearings and conferences?
   - Were non-adversarial efforts offered to reach agreement before the court hearing (e.g., mediation, family team meetings, pre-hearing conferences)?
3. Do the child, family and caregivers have access to adequate, timely legal representation?
   - Were resources available to obtain an attorney, or was an attorney appointed by the court?
   - Are the attorneys well trained and familiar with the requirements and timeframes of the DC Code and ASFA requirements?
4. Do the attorneys constructively represent their clients' interests?
   - Does the Guardian ad Litem have ongoing contact and meet with the child and others prior to the hearings to adequately represent the child's best interests?
   - Does the Ps/Cs' and adolescents' attorney have ongoing contact and meet with them prior to the hearing to adequately represent them, consistent with their needs and wishes?
   - Do the same attorneys consistently remain on the case throughout the court process?
5. Does the AAG adequately represent the views of CFSA?
   - Do the social worker and attorney communicate prior to court to establish what position will be represented in court?
   - Does the AAG file legal petitions and motions (including motions to reconsider) in an informed, articulate, timely manner?
   - Does the same AAG remain involved throughout the case?
   - Does the AAG attend planning meetings related to this child and family?
6. Is the information provided to the judge through written reports and testimony adequate to make good rulings, without delay, regarding reasonable efforts and achievement of permanency?
   - Are reports submitted in a timely manner to the court prior to hearings? (Refer to CFSA Policy)
   - Are reports clear, articulate, and include facts about progress toward goals, services offered, and recommended goals for the case?
   - Do reports include attached documents supporting progress towards permanency goal?
   - If testimony is required, are the Ps/Cs offered an opportunity to speak?
   - Are hearings held, completed as scheduled without continuances or interruptions?
   - Does the testimony or report consider case progress and changed circumstances?
   - If compelling reasons not to file a TPR exist, was this determination documented and made "available for court review"?
7. Are requirements and conditions of court orders clear and made available to CFSA or the child placing agency, Ps/Cs, and other parties in a timely manner so as to be effective?

Facts Used in Rating Performance

NOTE:

Decisions made by the court may include those related to:

- *Safety of the child (child protection)*
- *Safety of the community*
- *Removal or return of children*
- *Custody*
- *Visitation*
- *Restraining orders*
- *Treatment for mental illness, addiction, or domestic violence (voluntary or involuntary)*
- *Compulsory chool attendance*
- *Community service requirements*
- *Restitution*
- *P/C progress or compliance with orders*
- *Termination of parental rights*
- *Guardianship*
- *Adoption*
- *Emancipation of older youth*

Service Review 13: Family Court Interface

- Are orders signed by the judge and disseminated immediately following the court hearing?
- Is it clear from the order who is responsible for carrying out the specific tasks? Are there specific time frames related to each task?
- Are court orders reflective of case progress and changed circumstances?

8. Do court orders meet District and federal requirements (for out-of-home cases)?
   - Is there a ruling of "reasonable efforts," either positive or negative?
   - Is there a ruling of "contrary to the welfare" of the child to remain in the home (for cases where the child is being placed in out-of-home care)?
   - Does the case have adequate court hearings to meet time requirements and allow for timely review of progress?
9. Do hearings focus on those factors that brought the case before the court?
   - Do hearings address the issues that are preventing timely permanency?
   - Do hearings address the changes necessary to achieve safe case closure?
   - Do hearings address the concerns of the child and family?
10. Does the judge recognize concurrent planning as an approach for the child, if that is appropriate?
11. Does the judge hold parties accountable for carrying out their respective responsibilities in reaching the desired permanency outcome for the child?

Description and Rating of Support Network Performance

Description of the System Performance Situation Observed for the Child and Family — Rating Level

◆ **Optimal Interface with Family Court.** The involved parties are fully engaged in the process. The lawyers represent their respective clients' interests diligently. Court proceedings are timely and adjournments are unnecessary. Information provided to the court is accurate with clear, justified recommendations. There is very close fit between the court dispositions/orders and the case assessment and planning activities. All parties understand and accept the general direction and any specific requirements/conditions associated with the planned child permanency outcome. Subsequent permanency (and other, if necessary) hearing dispositions build on, or depart from, as necessary, previous dispositions and orders and are very sensitive to progress made and changed circumstances. Communication between parties is excellent. Excellent opportunities for consensus are evident.

6
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Dependable, Effective Interface with Family Court.** The involved parties are substantially engaged in the process. The parties are adequately represented by their lawyers. Court proceedings are rarely continued, and hearings are generally timely. There is considerable congruence between the court dispositions/orders and the case assessment and planning activities. The parties generally act in adherence with the planned child permanency outcome. The hearing dispositions/orders are usually sensitive to changed circumstances, as well as whether progress is made or not. Communication between parties is good. Substantial opportunities for consensus are evident.

5
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Minimally Acceptable Interface with Family Court.** The involved parties are somewhat engaged in the process. The parties receive serviceable representation by their lawyers. Court proceedings may be continued, but rarely. Hearings may be delayed but not to the point where it is too consequential. The court dispositions/orders are reasonably related to the case assessment and planning activities. The parties may act slightly out of alignment with the planned permanency outcome. The hearing dispositions/orders may stagnate somewhat and not be sensitive to changed case circumstances, but still appear minimally responsive to changed circumstances or a lack of progress. Communications may be fair. Consensus building opportunities may be minimal or infrequent.

4
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Minor Problems with Family Court Interface.** Family involvement is limited. One party fails to receive adequate representation resulting in small problems that may cause delay, confusion, and/or one or more of the parties becoming frustrated with the legal process (it is not expected that all parties will be satisfied with the legal outcome). The social worker generally works in sync with the court dispositions/orders, but there are small inconsistencies. The parties have a general, but not complete, understanding of the court-ordered direction and conditions, which has led to minor disagreements and lack of cohesion. The court orders are not always reflective of progress and changing circumstances. Communications may be limited or inconsistent. Consensus building opportunities may be marginal or rare.

3
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Fragmented Family Court Interface.** The family may not be involved. One or more parties receive inadequate representation resulting in delays or confusion of a magnitude that is beginning to impact the timely implementation of the permanency plan. Poor case management and scheduling and/or confusion may impede the progress of the case. The social worker's activities are inconsistent with the court's dispositions/orders. A lack of understanding by one or more of the parties of the court-ordered direction creates an obstacle in progressing toward the established permanency planning outcome. The court orders are not always logically consistent and/or they do not sufficiently reflect progress and changing circumstances. Adversarial approaches are common, creating breakdowns in communication as well as lack of cooperation.

2
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Very Poor Interface with Family Court.** The lawyers are routinely unprepared or fail to appear, resulting in adjournments and a lack of adequate representation of their clients' interests. The social worker and the court seem to be working at cross-purposes. One or more of the parties is ignorant or largely misunderstands the requirements and conditions in the dispositional order, which results in significant problems in making progress toward the established child permanency outcome. The court orders are very inconsistent and/or do not in the least reflect progress made, important changed circumstances, or CFSA recommendations. Communication is conducted only through formal processes required by the court or code.

1
☐ SW ☐ M ☐ F
☐ Caregiver
☐ Child

◆ **Not Applicable.** A preventive, voluntary services case may not have involvement of the family court at this point in time. In such a case, this review does not apply. Also, this review does not apply if the parent is deceased or TPR'd, if caregiver is deceased, or if the child is too young to participate.

NA

Service Review 14: Medication Management

MEDICATION MANAGEMENT: • Is the use of psychotropic medications for the person necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the person routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?

Use of psychotropic medications is one of many treatment modalities that may be used in treating a person having a serious emotional disorder. When use of such medications is deemed necessary and appropriate, it should conform to standards of good and accepted practice, including informed consent, consultation, most efficacious drug selection, consistency with medication protocols, demonstrated treatment response, and minimal effective dose. Effects and side effects of medication use should be assessed, tracked, and used to inform decision making. Any adverse side effects should be addressed and treated. Use of medications should be coordinated with other modalities of treatment including positive behavioral supports, behavioral interventions, counseling, skill development, and social supports. Continuity in medication regimes should be present across treatment settings. The person should have access to necessary specialized health care services including treatment and care for any co-occurring conditions (e.g., seizures, asthma, diabetes, addiction, HIV). The purpose is to determine whether the person receives and benefits from safe medication practices. This review does not apply to a person who has not taken psychotropic medications within the past 90 days.

Determine from Informants, Plans, and Records

1. Does the person take a psychotropic medication? Does the service team believe that medications are necessary and appropriate? Has the parent/caregiver/legal guardian given consent for each medication? Are the persons responsible for the care of the child trained on medications (e.g. administration, side effects)?

2. Is there a DSM-IV-R Axis I diagnosis to support each psychotropic medication? Is the purpose for each medication documented and tracked to target symptoms or maladaptive behaviors? Is each medication consistent with intended use?

3. Is the medication selection and dosage level within therapeutic range for the person's age and weight? Has a minimum effective dosage of each medication been determined or are steps being taken to do so? Who is responsible for medication monitoring and screening for side effects?

4. Has the parent/caregiver been consulted about any adverse medication effects they have observed? Have any complaints or problems been reported?

5. Is there quarterly screening of the person for adverse effects of medications? If adverse effects have been found, have appropriate countermeasures been implemented?

6. Is medication use coordinated with other treatment modalities? If multiple psychotropic medications are used with the person, is there written justification by the physician? Is there continuity in medications across settings?

7. Does the person have access to specialized health care services? Have coordinating staff consulted with other treating professionals (e.g., neurologists, psychiatrists) for a person having chronic and/or complex health care needs?

8. Is relapse prevention information available to the child/caregiver? Is educational information about medications, effects/side effects, and self-medication available? Are the person/parent/caregiver satisfied with current medications?

Facts Used in Rating Performance

NOTE:

This review may be applied to a focus child and/or to a birth parent with whom the child is living or will be returning to within the next 90 days.

Service Review 14: Medication Management

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Person — Rating Level

- **Optimal Medication Management.** The person presents symptoms or behaviors that are responding well to current generation medications with no report of bothersome side effects. The person reports good compliance with the prescribed medications and is not requesting any changes at this time. Use of medications is well coordinated with other treatment modalities. The person, parent/caregiver, and physician have an understanding about how he/she is to manage increases/decreases in medications. The person has full and timely access to high quality health care for any serious health co-occurring conditions.

6
☐ Child
☐ Parent

- **Good Medication Management.** The person presents symptoms or behaviors that are responding fairly well to current generation medications but reports some mild side effects. The person reports that sometimes medications are not taken as prescribed. Use of medications is sometimes coordinated with other treatment modalities. The person, parent/caregiver, and physician have an understanding about how he/she is to manage increases/decreases in medications. The person has full and timely access to high quality health care for any serious health co-occurring conditions.

5
☐ Child
☐ Parent

- **Fair Medication Management.** The person is becoming stable on appropriate medication and presents some symptoms or behaviors of concern and complains of side effects. Use of medication is checked conversationally and staff hint at non-compliance. The person may refuse participation in medication education activities. Medication is minimally coordinated with other treatment modalities. The person has minimally adequate access to fair quality health care for any serious health co-occurring conditions, including specialists with a short waiting period.

4
☐ Child
☐ Parent

- **Somewhat Problematic Medication Management.** The person presents symptoms or behaviors that may be responding somewhat to medications. Medication use may be inconsistent. Consents may not have been obtained. Screening for side effects may not be current or mild side effects may be noted but minimally treated. Use of medication is seldom coordinated with other treatment modalities. The person has somewhat limited access to fair-to-poor quality health care for any serious health co-occurring conditions and may receive most care from emergency rooms.

3
☐ Child
☐ Parent

- **Substantially Problematic Medication Management.** The person presents symptoms or behaviors that may not be responding to medications. Medication use may not be well documented or justified. Consents may be missing. Screening for side effects may not be current or moderate side effects may be noted. Use of medication is not coordinated with other treatment modalities. The person has inconsistent or very slow access to health care for any serious health co-occurring conditions. The person's physical or psychiatric status may be at risk due to inadequate health care for treating co-occurring conditions.

2
☐ Child
☐ Parent

- **Serious Breakdowns in Medication Management.** The person presents increasing symptoms or behaviors that may not be responding to medications. Medication use may be undocumented, not justified, or experimental. Consents may be missing. Screening for side effects may not occur or serious side effects may be present and untreated. Use of medication is conflicting with other treatment modalities. The person has poor or no access to needed health care for any serious health co-occurring conditions. The person's physical or psychiatric status may be declining due to inadequate health care.

1
☐ Child
☐ Parent

- **Not Applicable:** The person does not now take psychotropic medications, nor has the person used such medications within the past 90 days. Therefore, this review does not apply.

NA
☐ Child
☐ Parent

Section 7

Overall Patterns

Overall Child Status Pattern

OVERALL CHILD STATUS SCORING PROCEDURE

There are 12 status indicators to be conducted in the area of Child Status. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Child Status is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE CHILD'S CURRENT STATUS ON APPLICABLE INDICATORS. The reviewer must consider the unique issues and context for THIS CHILD to arrive at an overall child status rating.(1) Begin by transferring the rating value for each status review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important at this time for this child. (4) Focusing on those applicable indicators having the greatest importance to the child at this time, determine an "overall rating" based on your general impression of the child's recent progress. (5) Mark the box indicating your overall rating on item #13 below. Report this rating value on the roll-up sheet prepared for this child.

Child Status Indicators

Status Indicators	Improve		Refine		Maintain		NA
Living & Well-being	1	2	3	4	5	6	
1a. Safety of the child	☐	☐	☐	☐	☐	☐	
1b. Safety of others	☐	☐	☐	☐	☐	☐	
2a. Stability: home	☐	☐	☐	☐	☐	☐	
2b. Stability: school	☐	☐	☐	☐	☐	☐	☐
3. Permanency prospects	☐	☐	☐	☐	☐	☐	☐
4. Home placement	☐	☐	☐	☐	☐	☐	
5. Family connections	☐	☐	☐	☐	☐	☐	☐
6. Health/physical well-being	☐	☐	☐	☐	☐	☐	
7a. Emot./beh. well-being: home	☐	☐	☐	☐	☐	☐	
7b. Emot./beh. well-being: school	☐	☐	☐	☐	☐	☐	☐
Developing life skills							
8a. Educational placement	☐	☐	☐	☐	☐	☐	☐
8b. School attendance	☐	☐	☐	☐	☐	☐	☐
8c. Instructional engagement	☐	☐	☐	☐	☐	☐	☐
8d. Present performance	☐	☐	☐	☐	☐	☐	☐
9. Responsible behavior	☐	☐	☐	☐	☐	☐	☐
10. Social supports	☐	☐	☐	☐	☐	☐	☐
11a. Substance use: child/youth	☐	☐	☐	☐	☐	☐	☐
11b. Substance use: parent/caregiver	☐	☐	☐	☐	☐	☐	☐
12. Lawful behavior	☐	☐	☐	☐	☐	☐	☐
13. OVERALL STATUS PATTERN	☐	☐	☐	☐	☐	☐	

Overall Parent/Caregiver Status Pattern

OVERALL PARENT/CAREGIVER STATUS SCORING PROCEDURE

There are fiveindicators to be conducted that comprise the Overall Parent/Caregiver Status. An "overall rating" of Parent/Caregiver Status is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE PARENT/CAREGIVER'S RECENT ROLE AND EXPERIENCES IN APPLICABLE INDICATOR AREAS. Each review produces a finding reported on a 6-point rating scale. (1) Begin by reviewing the overall ratings of each of the three indicators of review. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important for this child and family at this time. (4) Focusing on those applicable indicators having the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the parent/caregiver's satisfaction, participation in the process, and capacity to respond to the child at this time. (5) Mark the box indicating your overall rating on item #4 below. Report this rating value on the roll-up sheet prepared for this child.

Parent Status Indicators [90-day pattern]

☐ Not applicable for parent and there is no plan to return the child within the next 30 days.

Parent Indicator Zones	Improve		Refine		Maintain		NA
Support of the child	1	2	3	4	5	6	
1. Support of the child: parent	☐	☐	☐	☐	☐	☐	☐
2. Participation in decisions	☐	☐	☐	☐	☐	☐	☐
Service Perceptions							
3a. Percept: exercise of choice	☐	☐	☐	☐	☐	☐	
3b. Percept: active influence	☐	☐	☐	☐	☐	☐	
3c. Percept: respect	☐	☐	☐	☐	☐	☐	
3d. Percept: benefits	☐	☐	☐	☐	☐	☐	
3e. Percept: satisfaction	☐	☐	☐	☐	☐	☐	
4. PARENT OVERALL PATTERN	☐	☐	☐	☐	☐	☐	

Caregiver Status Indicators [90-day pattern]

☐ Not applicable, child is not placed with a caregiver.

Caregiver Indicator Zones	Improve		Refine		Maintain		NA
Support of the child	1	2	3	4	5	6	
1. Support of the child: parent	☐	☐	☐	☐	☐	☐	☐
2. Participation in decisions	☐	☐	☐	☐	☐	☐	☐
Service Perceptions							
3a. Percept: exercise of choice	☐	☐	☐	☐	☐	☐	
3b. Percept: active influence	☐	☐	☐	☐	☐	☐	
3c. Percept: respect	☐	☐	☐	☐	☐	☐	
3d. Percept: benefits	☐	☐	☐	☐	☐	☐	
3e. Percept: satisfaction	☐	☐	☐	☐	☐	☐	
4. CAREGIVER OV. PATTERN	☐	☐	☐	☐	☐	☐	

Child/Youth Service Perceptions [90-day pattern]

☐ Not applicable, child is 12 years old or younger or lacking the ability to respond to this area.

C/Y Indicator Zones	Improve		Refine		Maintain		NA
	1	2	3	4	5	6	
Service Perceptions							
3a. Percept: exercise of choice	☐	☐	☐	☐	☐	☐	☐
3b. Percept: active influence	☐	☐	☐	☐	☐	☐	☐
3c. Percept: respect	☐	☐	☐	☐	☐	☐	☐
3d. Percept: benefits	☐	☐	☐	☐	☐	☐	☐
3e. Percept: satisfaction	☐	☐	☐	☐	☐	☐	☐

Overall Progress Pattern

OVERALL PROGRESS SCORING PROCEDURE

There are seven indicators to be conducted in the area of Progress. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Progress is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE RECENT CHANGES ON APPLICABLE INDICATORS. Each situation is unique and, to assess the overall progress, a reviewer must consider where the child/family began to where the child/family is now. One must also recognize that consistently high performance in a domain may not show much change over time but is still a good outcome. (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important at this time for this child and family. (4) Focusing on those applicable indicators having the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of recent progress. (5) Mark the box indicating your overall rating on item #4 below. Report this rating value on the roll-up sheet prepared for this child/family.

Progress Indicators

PROGRESS Indicators	Improve		Refine		Maintain		NA
CHANGE OVER TIME	1	2	3	4	5	6	
1. Risk reduction	☐	☐	☐	☐	☐	☐	☐
2. Youth progress >independence	☐	☐	☐	☐	☐	☐	☐
3a. Safe case closure: birth family	☐	☐	☐	☐	☐	☐	☐
3b. Safe case closure: adoptive family	☐	☐	☐	☐	☐	☐	☐
4. PROGRESS PATTERN	☐	☐	☐	☐	☐	☐	

Overall Practice Performance Pattern

OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

There are 17 indicators in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of practice performance is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE APPROPRIATE EXECUTION OF PRACTICE FUNCTIONS AND THE DILIGENCE IT SHOWS IN RESPONSE TO THIS CHILD AND FAMILY. Consider the fidelity with which each practice function is carried out and whether the intent of the function is being achieved. Overall, is the system taking the necessary actions to appropriately address the individual factors for this child and family that must be addressed if this child and family are to make progress toward positive outcomes? (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important at this time for this child. (4) Focusing on those applicable indicators having the greatest importance to the child at this time, determine an "overall rating" based on your general impression of the practice performance. (5) Mark the box indicating your overall rating on item #15 below. Report this rating value on the roll-up sheet prepared for this child.

System/Practice Performance [90-day pattern]

Performance Indicator Zones	Improve		Refine		Maintain		NA
Core Practice Functions	1	2	3	4	5	6	
1. Coordination/leadership	☐	☐	☐	☐	☐	☐	
2a. Engagement of child	☐	☐	☐	☐	☐	☐	
2b. Engagement of family	☐	☐	☐	☐	☐	☐	
3a. Team formation	☐	☐	☐	☐	☐	☐	
3b. Team functioning	☐	☐	☐	☐	☐	☐	
4. Assessment & understanding	☐	☐	☐	☐	☐	☐	
5. Safe Case Closure	☐	☐	☐	☐	☐	☐	
6a. Path to permanency: understand.	☐	☐	☐	☐	☐	☐	
6b. Path to permanency: efforts	☐	☐	☐	☐	☐	☐	
7a. Planning for change: strategies	☐	☐	☐	☐	☐	☐	
7b. Planning for change: actions	☐	☐	☐	☐	☐	☐	
8a. Implementation: parent	☐	☐	☐	☐	☐	☐	☐
8b. Implementation: child	☐	☐	☐	☐	☐	☐	☐
9. Tracking & adjustments	☐	☐	☐	☐	☐	☐	

System/Practice Performance [continued]

Performance Indicator Zones	Improve		Refine		Maintain		NA
Attributes and Conditions	1	2	3	4	5	6	
10. Cultural accommodations	☐	☐	☐	☐	☐	☐	☐
11a. Resource avail: focus child	☐	☐	☐	☐	☐	☐	☐
11b. Resource avail: parent	☐	☐	☐	☐	☐	☐	☐
11c. Resource avail: family unit	☐	☐	☐	☐	☐	☐	☐
12. Support & safety connections	☐	☐	☐	☐	☐	☐	
13a. Family court interface: cw/m/f	☐	☐	☐	☐	☐	☐	☐
13b. Family court interface: caregiver	☐	☐	☐	☐	☐	☐	☐
13c. Family court interface: child	☐	☐	☐	☐	☐	☐	☐
Special Management							
14a. Medication management: child	☐	☐	☐	☐	☐	☐	☐
14b. Medication management: parent	☐	☐	☐	☐	☐	☐	☐
15. OVERALL PRACTICE PERFORM.	☐	☐	☐	☐	☐	☐	

Six-Month Forecast or Prognosis

ESTIMATING THE TRAJECTORY OF THIS CHILD'S EXPECTED COURSE OF CHANGE

Determination of current child status and service system performance is based on the observed current patterns as they emerge from the recent past. This method provides a factual basis for determination of current child status and service system performance. Forming a six-month forecast is based on predicable future events and informed predictions about the expected course of change over the next six months, grounded on known current status and system performance as well as knowledge of tendency patterns found in case history.

If a case were being reviewed in the last quarter of the school year (April), then the trajectory point for consideration is the first quarter (October) of the next school year. Suppose that the child being reviewed has demonstrated a pattern of serious, complex, and recurrent behavior problems that were just being brought under control in April [Overall Child Status = 4, meaning child status is minimally and temporarily acceptable; a fact]. Suppose that this child got into trouble with the law last summer [a fact] while out of school with no structured summer program [a fact] and inadequate supervision in the home [a fact]. Suppose this child is to be discharged from the residential treatment facility at the end of June [a fact], but has no transition plan for returning to home and school [a fact], no planned summer program to keep the child out of trouble [a fact], continuing problems at home [a fact], and no contact or planning with the neighborhood school expected to admit and serve the child when school begins in August [a fact]. Based on what is now known about this child, what is the probability that the child's status in six months (October) will: (1) Improve from a 4 to a higher level? (2) Stay about the same at level 4? or (3) Decline or deteriorate to a level lower than 4? Given this set of case facts plus the child's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the child's status is likely to decline or deteriorate. One may "hope" for a different trajectory and a more optimistic situation, but "hope " is not a strategy to change the conditions that are likely to cause a decline. Based on the reviewer's six-month forecast for a case, the reviewer offers practical "next step" recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months.

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the forecast in this case. Mark the appropriate alternative future statement in the space provided below. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations. Insert your determination in the appropriate space on the roll-up sheet.

Six-Month Forecast or Prognosis

Based on the child's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this child's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (check only one)

☐ **Improve status**

☐ **Continue—status quo**

☐ **Decline/deteriorate**

Section 8

Reporting Outlines

Reviewer's Outline for a 10-Minute Oral Case Presentation

Outline Elements | Reviewer's Notes

1. Core Story of the Child and Family (3 minutes)

- Reason for services (Why are we involved with this child and family?
- Goals that focus the service plans (What are we trying to achieve in the case?)
- Strengths and needs of the child and family
- Services provided and by which agencies

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2. Child and Parent/Caregiver Status (3 minutes)

- Overall child and parent/caregiver status finding
- Status rating patterns by "color/action zones"
- Progress made over the past six months
- Problems

---

3. System Practice and Performance (3 minutes)

- Overall system performance finding
- Performance rating patterns by "color/action zones"
- What's working now in this case
- What's not working and why
- Six-month forecast

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4. Next Steps (1 minute)

- Important and doable "next steps"
- Any special concerns or follow-up indicated

Total Presentation Time (10 minutes)

Group Questioning of Presenter (3-5 minutes)

Written Case Review Summary

Child & Parent/Caregiver Status Summary

Facts about the Child and Family Reviewed

- Agency or Office
- Child's Initials
- Reviewer's Name
- Review Date
- Date of Report
- Child's Placement

Persons Interviewed during this Review

Indicate the number and role (child, parent/caregiver, case-worker, therapist, teacher, etc.) of the persons interviewed.

Facts About the Child and Family [About 100 words]

- Family composition and situation
- Agencies involved and providing services
- Reasons for services
- Services presently needed and received

Child's Current Status [About 250 words]

Describe the current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the child and family's current status. Use a flowing narrative to tell the "story" and make sure that the "story" supports and adequately illuminates the Overall Status rating.

Parent/Caregiver's Status [About 100 words]

Because the status of the child often is linked to the status of the family, indicate whether the family is receiving the supports necessary to adequately meet the needs of the child and maintain the integrity of the home.

Factors Contributing to Favorable Status
[About 100 words]

Where status is positive, indicate the contributions that child resiliency, family capacities, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status
[About 100 words]

Describe what local conditions seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future, if status is not improved.

System Performance Appraisal Summary

Describe the current performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances that are necessary for understanding the situation.

What's Working Now
[About 250 words]

Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors that are contributing to the current success of these system functions.

What's Not Working Now and Why
[About 150 words]

Identify and describe any service system functions that are <u>not</u> working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Forecast/Stability of Findings
[About 75 words]

Based on the current service system performance found for this child, is the child's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur over this time period. Explain your answer.

Practical Steps to Sustain Success and Overcome Current Problems
[About 75 words]

Suggest several practical "next steps" that could be taken to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and to improve poor practices and local working conditions for this child and family in the next 90 days.

Report Length

The summary should not exceed two-to-four typed pages, depending on the complexity of the case and the extent of supports and services being provided by various agencies.

Section 9

Data Profile or Case "Roll-Up Sheet"

Appointments

APPOINTMENT 1

Date: ____/ ____/ _____ **Time:** ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 1

APPOINTMENT 2

Date: ____/ ____/ _____ **Time:** ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 2

APPOINTMENT 3

Date: ____/ ____/ _____ **Time:** ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 3

APPOINTMENT 4

Date: ____/ ____/ _____ **Time:** ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 4

APPOINTMENT 5

Date: ____/ ____/ _____ **Time:** ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 5

Help Resources

Review Team Leader: _____ Phone: _____

Local Contact Person: _____ Phone: _____